



WIC Policy and Procedure Changes Federal Fiscal Year 2003

The format of the policy manual was changed in order to make it more “user friendly” for the clinic level staff, since its purpose is to provide them guidance.

- It was formatted to allow for easy revision and to eliminate the need for field staff to check both the policy manual and policy “memos” when questions arose.
- The order of the manual now follows the order in which applicants/participants receive services, with administrative policies at the end.
- The sections are named and then policies numbered logically with a three-letter abbreviation of the name of the section.

Every policy was revised to some extent. Revisions were necessary to adjust for the new business practices implemented at the same time as WIC Net. In addition, all references to the old IRMA system had to be changed to the appropriate WIC Net reference.

A number of regulations take effect October 1, 2002 and these required numerous policy changes.

- WIC will establish claims against participants for the full value of benefits improperly obtained.
- Clients found guilty of dual participation, or for whom claim is over \$100, or second claim, will receive a mandatory disqualification for one year.
- Definition of “proxy” which only allows them to receive nutrition education and checks and to redeem checks. This does not include certifying participants. Likewise, participants are held liable for the actions of their proxy and staff have discretion in approving a proxy based on their ability to meet program requirements.

Likewise, using WIC Net processes and taking advantage of efficiencies, a number of changes were made to strengthen program integrity in a variety of ways.

- The policy governing determining nutrition risk was strengthened and supported by WIC Net.
- The referral section of certification was strengthened to assure compliance to federal guidelines.
- The food delivery chapter was revised to reflect nutrition policy (low-Fat, Calcium-fortified juice, etc), changes in ages for infant cereal and juice, administrative limitations to reduce costs (cheese) and better control of special formulas.
- The Nutrition Education chapter was completely revised to re-establish the program focus on nutrition education as well as utilizing concepts from *Bright Futures in Practice* and WIC’s new *Nutrition Services Standards*. Nutrition education contacts at each level were clearly defined; acceptable methods delineated and recommended staffing credentials for each were stated.
- A number of policies were strengthened to proactively approach potential fraud and abuse situations.
- Limitations for staff actions to prevent conflict of interest were established.

- Limitations of number of check printers as well as security requirements for check stock and printers are established.
- Proxy designation is limited in number.
- Rights and Responsibilities form has been revised and participants are required to sign at each certification. A participant handbook has been developed and participants sign acknowledgement of its receipt and their obligation to follow it.
- Checks that are voided in WIC Net must be in the staff's possession. Voided checks must be initialed and dated as well as kept on file. The State Agency will monitor voided checks that are redeemed and hold Local Agencies liable.
- Affidavits can only be used in lieu of required proof of identification, income and residency for special populations as noted in regulations (homeless, migrant, etc). It will no longer be used for a one month presumptive period.

Policies were also developed/revised to improve client services as well as document compliance with federal regulations.

- Local Agencies are required to use the Appointment module of WIC Net. In addition, they are required to give appointments to anyone who calls or comes in requesting to be seen.
- Postpartum/breastfeeding women are to be certified at the same time as their newborn.
- Local clinics are required to schedule extended hours in order to accommodate needs of migrants, working participants, students, homeless, etc.
- Local Agency must contact clients who miss their initial appointments with 100% contact of pregnant women.
- Clients are to be encouraged to use coupons and customer discount cards in the purchase of WIC foods. Participants are responsible for the taxes due based on use of such promotions.
- Mailing of checks to participants is strictly defined, documented and monitored.

In order to improve both the quality of policy and the Local Agency ability to adhere to policy, a review process was started this year. In the past, the only time Local Agency staff had the opportunity to comment on or influence policy was at the time of the public comment period for the State Plan. Effective with this major revision, Advisory Committees made up of Local Agency volunteers reviewed the policies affecting their subject area. Examples of committee subjects include, but are not limited to, "certification", "nutrition education" and "food delivery". In the future, policy will be revised at periodic intervals throughout the year and committees asked to assist in writing and/or review proposed policy changes.

Final implementation of this policy will include conversion to an electronically transmitted version of the manual on the State's Intranet website where all health districts may access and utilize the Virginia WIC Program Policy and Procedures manual.

Subject: WIC Policy and Procedures Manual Overview

This manual is the responsibility of the Virginia Department of Health (VDH), Division of WIC and Community Nutrition Services (DWCNS). It is designed to guide and assist 35 Local Health Districts in the Commonwealth of Virginia, that administer the WIC Program to eligible persons.

The policies found in this manual have been arranged according to routine task and functions performed on a daily basis by the Local Health Districts to certify eligible WIC participants.

Comments, suggestions, and policy requests may be forwarded to the State Office at any time. Policy issues will be reviewed in the State Office on an ongoing basis.

Procedure

To request a review of a policy issue for revision, or to recommend a proposal for a new policy, the following steps should be taken:

1. WIC Policy Review Request Forms will be provided to each Health District. This form may be e-mailed, faxed or forwarded by mail to the State office.
2. This form may be obtained at the State office through contacting:

Bernice Parker, Policy Coordinator
Division of WIC and Community Nutrition Services
1500 East Main Street, Room 132
Richmond, Virginia 23219
(804) 786-5420 Fax (804) 371-6162
E-mail bwpark@vdh.state.va.us

3. For all internal requests, this form may be found on the "G" drive.
4. The WIC Coordinator should complete this form.
5. Once the form is completed and forwarded to the State Office, the division Management Team within the WIC and Community Nutrition Services Division will conduct a review of the policy issue.
6. A status of the policy request will be forwarded to the WIC Coordinator when the review is completed.

Subject: WIC Policy and Procedures Manual Overview

Advisory Committees

WIC Advisory Committees have also been established to review policy issues. There are ten Advisory Committees, which will be asked to review policy issues pertaining to WIC certification and the implementation of the WIC program. The areas covered by the Advisory Committees are:

- Nutrition
- Program Operations/Management
- Certification
- Retail Stores
- Outreach
- Formula
- Immunization
- Automation
- Food Package/Food List
- Breastfeeding

Procedure

1. The need to revise or develop new policy pursuant to USDA Federal Regulations and to operate more effectively at the Local Agency will be determined.
2. When a policy has been developed and reviewed by the Management Team at the State Office, it will then go out to the appropriate committee for comment and review.
3. The Advisory committee will provide feedback to members of the Management Team.
4. The Management Team will take all comments into consideration provided by the Advisory Committee and should acknowledge comments.
5. The Director of the Division of WIC will make final policy approval prior to submission to USDA for approval.
6. Local Agencies will be advised of all policy updates and will be expected to maintain the most current changes.

VIRGINIA DEPARTMENT OF HEALTH
DIVISION OF WIC AND COMMUNITY SERVICES NUTRITION

Glossary

Affidavit: a form, which allows a participant to self-declare income, identification and/or residency for special populations not entitled.

Applicant: a pregnant, breastfeeding or postpartum woman, infant or child (up to the age of 5) who applies for WIC benefits.

Application Date: date an applicant contacts the local agency to make an oral or written request for WIC benefits or was referred to WIC.

Breastfeeding: the practice of feeding a mother's breast milk to her infant(s) on the average of *at least once a day*.

Caretaker: If not a parent, the caretaker would be a person who is legal guardian for the applicant or the applicant's child, the parent of a minor parent, or someone with a legal authorization to provide eligibility information and to be legally bound if the information is incorrect, i.e. a guardian, a local department of social services, someone temporarily designated as guardian of a child. This "caretaker" would be the same person who is also legally authorized to consent to medical treatment on behalf of the child.

Caseload: the number of WIC (potential) clients assigned to a local agency/clinic by the State agency.

Certification: the use of criteria and procedures to assess and document each applicant's eligibility for the Program.

Certification Date: date participant added, recertified or reenrolled into the WIC Program and is eligible to receive checks.

Check: a voucher/draft used by participants at authorized vendors for the food prescribed by the local agency CPA.

Children: persons from one to five years of age.

Clinic: a facility where applicants are certified.

CPA: (Competent Professional Authority) a local agency staff individual authorized to determine nutritional risk and prescribe supplemental foods.

Days: calendar days. All references to "days" in the Procedure Manual refer to calendar days, not working days.

Disqualification: the act of ending Program participation of a participant, authorized vendor, or State or local agency, whether as a punitive sanction or for administrative reasons.

District WIC Coordinator: liaison between the State WIC Office and the local agency. The District WIC Coordinator disseminates WIC Program information to all local agency staff.

Division of WIC and Community Nutrition Services: the division within VDH that administers the Virginia WIC Program.

Documentation by Exception: a system that is based upon written standards of practice that define what is normal for a client. Only an “exception” to normal (an abnormal or significant finding) is documented.

Dual Participation: simultaneous participation in the Program in one or more than one WIC clinic.

Economic Unit: a person or group of persons who usually live together and whose production of income and consumption of goods or services are related. **Note:** does not apply to persons living in a communal setting.

Enrollment: the number of people who are certified as eligible for the program at a certain point of time. They may, however, not come in during the certification period to pick up their food instruments.

Emergency: any situation that threatens the continuity of local agency operations or the safety of its staff. Emergencies include disasters and states of emergency declared by the Governor.

Fair Hearing: a procedure through which an individual may appeal a State or local agency action that results in the individual’s denial of participation or disqualification from the Program.

Federal Regulations: 7 CFR, part 246 - federal rules and regulations that govern the WIC Program.

Food and Nutrition Service (FNS): the agency that acts on behalf of the United States Department of Agriculture in the administration of the WIC Program.

Food Package: authorized foods that are prescribed according to the category and nutritional need of the participant.

Full Time Equivalency (FTE): a decimal indicating the percentage of time an employee works on an annual basis (based on 40 hours per week). One employee working a 40- hour week for 52 weeks equals 1.0 FTE.

Full Time Site Equivalent: the sum of hours of service at part time sites to equal 40 hours per week; used in the funding formula.

Health District: A grouping of cities and/or counties that provide public health services in a geographic location. There are 35 health districts in Virginia.

High-Risk: those individuals whose health is most in jeopardy due to their nutritional status.

Homeless Facility: a publicly or privately supervised shelter designed to provide a temporary residence (not more than 365 days); a temporary residence facility for individuals intended to be institutionalized; or a public/private place not designed for, or normally used as, a regular sleeping accommodation for humans.

Homeless Individual: a woman, infant or child who lacks a fixed and regular nighttime address; or whose primary nighttime residence is a homeless facility (for not longer than 365 days).

Income: gross monies earned by all members of an economic unit before deductions for income taxes, social security taxes, insurance premiums, wage garnishments, unemployment insurance, medical premiums, savings, pensions and other deductions.

Infant: person under one year of age

Infant Formula Rebate: a contractual agreement between the WIC Program and an infant formula company to reimburse WIC a specified amount of money for each can of formula sold to participants at the prevailing market price.

Institution: any residential accommodation, which provides meal service except private residences and homeless facilities.

Licensed Health Care Professional: Someone authorized to write medical prescriptions under State Law.

Local Agency: a public or private, non-profit health or service agency which provides health services, either directly or through contract.

Migrant Farm worker: an individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purpose of employment, and temporary residence.

No-Show: a participant who fails to appear for a scheduled appointment or does not pick-up his/her WIC checks.

Nutrition Education: individual or group education sessions and the provision of information and educational materials designed to improve health status, achieve positive change in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individual's personal, cultural and socioeconomic preferences.

Nutritional Risk: (a) detrimental/abnormal nutritional conditions detectable by bio-chemical or anthropometric measurements; (b) other documented nutritionally related medical conditions; (c) dietary deficiencies that impair or endanger health; or (d) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

Nutrition Services Plan: a plan which consists of a need assessment and nutrition goals and objectives which are designed to meet the identified needs of the population.

Participants: pregnant, breastfeeding or postpartum women, infants and children who receive WIC checks during any calendar month.

Participation: reflects the number of people for the report month that receives a food instrument. A person receiving a food instrument is still counted as a participant even if they do not redeem the food instrument.

Participation Target : the number of slots funded to a local agency by the State WIC Office. Participation in excess of this number may receive additional funding.

Payee: the person normally authorized to pick-up and redeem WIC checks for a participant. Adult participants may act as their own payee. Parent/guardians or caretakers are normally payee for infants and children. Also known as the authorized representative.

Postpartum: women up to six months after termination of a pregnancy.

Poverty Income Guidelines: guidelines described by the Department of Health and Human Services, which are adjusted annually and are effective July 1 of each year.

Priority System: the ranking of participants from the greatest need to the lowest need to receive WIC benefits. Priorities 1-6 are served in Virginia.

Processing Standards: the time-frames for certifying applicants - for pregnant women, infants under age 6 months, migrants and homeless persons, within 10 calendar days from request for services - for all other applicants, within 20 days.

Program: the Special Supplemental Food Program for Women, Infants and Children (WIC) authorized by Section 17 of the Child Nutrition Act of 1966, as amended.

Proxy: any person designated by a woman participant, or by a parent or caretaker of an infant or child participant, to obtain and transact food instruments or to obtain supplemental foods on behalf of a participant. Parents or caretakers applying on behalf of child and infant participants are not proxies.

Referral: identifying a participant's needs and where those needs can be addressed.

Special Formula: includes exempt infant formula and medical foods. They may be prescribed for the following medical reasons: metabolic disorders, inborn errors of amino acid metabolism, gastrointestinal disorders, malabsorption syndrome, allergies/formula tolerance, nutritional/medical disorders, and medical conditions which contraindicate the use of iron fortified formulas.

Store: a grocery, pharmacy or commissary authorized by the Virginia WIC Program to accept WIC checks for the types and quantities of food listed on the check.

United States Department of Agriculture (USDA): the government agency that provides funding for the WIC Program on the behalf of Congress.

Virginia Department of Health (VDH): the state agency that oversees the Virginia WIC Program.

WIC Policy & Procedures Manual

Waiting List: a list of eligible applicants or participants who are waiting for benefits when the maximum caseload is reached.

WIC Policy and Procedure Manual: the plan describing the manner in which the State WIC Office intends to implement and operate all aspects of program administration at the local agency level.

WIC Transfer VOC : a form that provides proof of certification in order to facilitate uninterrupted Program benefits when a participant moves.

POLICY: ADM: 01.0

Subject: Caseload Assignment

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The State WIC Office will allocate district caseload assignments annually or as needed. Caseload assignments will be based on the previous fiscal year's participation average and unmet needs. Caseload assignments will be sent to districts no later than September of each year and as revisions are necessary.

Reference: CFR §246.7

Districts must stay within their caseload assignment. When participation reaches one percent below the assignment, Districts should send written request for a larger assignment to their Performance Management liaison.

POLICY: ADM: 01.1

Subject: Participation Target

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: As part of the Office of Family Health Services Memorandum of Agreement for each state fiscal year, each health district will be given a target participation number. This number represents the number of clients the district is expected to see so that the funding allocation is given.

Reference: CFR §246.7

Procedure:

1. Actual participation will be compared to the target on a monthly basis.
2. For every month in which the District's participation exceeds the target, the District will generate additional funds on a per participant basis. Such funds will be distributed at mid year and other times as necessary in order for them to be expended in the year in which they are earned, so far as possible.
3. The actual dollar amount generated per participant will be set each year based on available funds. Payments may be suspended at any time funds become unavailable and District's will be notified of such a change.
4. Districts may increase above their target only as far as allowed by caseload assignment.

Subject: Freeze on Enrollment

Effective Date: October 1, 2001

Revised from: July 1, 2001

Policy: The State WIC Office may discontinue WIC benefits to a participant category due to funding shortages.

Reference: CFR §246.7

Procedure:

1. Applicants in a category for which there is a freeze on enrollment should not be enrolled or placed on a waiting list.

Exception: Migrants and transfers with valid WIC Transfer Cards may be enrolled for the remainder of the certification period indicated on the WIC Transfer Card.

2. Issue a Letter of Ineligibility, WIC-315.

Subject: Waiting Lists

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: A Local Agency must notify the State WIC Office when maximum participation is reached and may be required to maintain a waiting list.

An applicant must be notified of their placement on a waiting list within 20 calendar days of the request for WIC benefits.

The CPA shall apply the priority system to the waiting list to ensure that the highest priority persons are served first. Migrants, homeless and participants with valid VOC cards must be placed ahead of all other applicants on the waiting list.

Reference: CFR §246.7

Procedure:

1. Determine categorical, residential, financial and nutritional eligibility for each applicant.
2. Place each applicant on the appropriate waiting list for their assigned priority.
3. Explain the waiting list policy and procedure to the applicant.
4. Issue the Letter of Ineligibility, WIC-315.

5. Refer the applicant to other medical or social service programs (e.g., Food Banks, Food Stamps, Salvation Army.)
6. As openings become available, the CPA must enroll applicants assigned the highest priority according to the length of time on the waiting list.
 - a. Contact the applicant by telephone or by mailing the Waiting List Recall Postcard, WIC-365.
 - b. Inform the applicant that s/he must return to the Local Agency. The Local Agency must:
 - collect medical data, if expired
 - provide basic nutrition education
 - c. If the applicant does not return to the Local Agency within 10 calendar days of notification, his/her name must be removed from the waiting list and the next eligible applicant should be notified.

POLICY: ADM: 03.0

Subject: State Funding Principles: Overview

Effective Date: October 1, 2002

Revised from: July 1, 2001

The Virginia WIC Program receives funding from the U.S. Department of Agriculture on a federal fiscal year basis (from October 1 through September 30). Local Health Districts are funded on a State fiscal year, but do have reporting requirements relative to the Federal fiscal year. Local Health District funds are allocated effective July 1 of each year. Change in the federal budget for the year beginning October 1 may require adjustments to the initial allocation.

POLICY: ADM: 03.1

Subject: District Allocations

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Health District funding is established by the Office of Family Health Services after recommendation from the Local Health District Allocation Task Force. The current formula has the following components:

- Base budget
 - \$27,171 per district
 - \$2718 per full time site equivalent (determined by adding hours of part time sites)
 - Percentage share of \$163,011 mileage funds based on the previous year's travel
- Participation factor

Based on average participation for the last year or the most recent month available, whichever is higher. Includes the Northern Virginia differential of 13.5%.

POLICY: ADM: 03.10

Subject: Fiscal Record Keeping: General Guidelines

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: All financial operations, equipment purchases and inventory, and personnel actions are to be in accordance with established state policy as explained in the DAMM and both State and VDH Personnel Policy and Procedure Manual.

POLICY: ADM: 03.11

Subject: Commonwealth Accounting and Reporting System Reports (CARS)

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The State WIC Office will distribute WIC Administrative Expenditure Reports to the district to show the State fiscal year budgets and the monthly and year-to-date expenditures.

Procedure:

1. CARS reports show State fiscal year (July 1 – June 30) budgeted amounts and expenditures.
2. Monthly expenditures on the CARS reports must be reconciled to the total expenditures for the month shown on the WIC Administrative Expenditure Report.
3. USDA funds WIC on a federal fiscal year basis from October 1 through September 30.
4. Expenditures may be charged to a prior fiscal year after September 30.
 - To be charged to a prior fiscal year budget, WIC expenditures must have a purchase order or invoice dated before September 30 and must clear the CARS reports by December 31.
 - This includes Agency Transaction Vouchers (ATV's), Inter-Agency Transactions (IAT's) and accounting vouchers.
 - Orders placed or invoices with dates beyond September 30 should be charged to the new Federal fiscal year.

POLICY: ADM: 03.2

Subject: District Budget Category Allotments

Effective Date: October 1, 2002

Revised from: July 1, 2001

Annual Local Health District allocations will be broken down as to administration, nutrition education and breastfeeding spending requirements. Breastfeeding amounts are allocated based on Virginia's allocation at the national level. The breastfeeding amounts are minimums, and Districts are free to spend nutrition education funds for authorized breastfeeding activities. Nutrition education allocations represent one-fifth of total funds allocated to the district. These nutrition education funds are also minimums, and while administrative funds may be spent on nutrition education above the minimum, this is not encouraged beyond minimal amounts. This is necessary to ensure that adequate funding is available for all administrative requirements.

POLICY: ADM: 03.3

Subject: Fiscal Year Conversion

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The WIC Program converts federal funding to a state fiscal year basis. Districts are required to spend a proportionate (25%) amount of their yearly allocation in the first quarter of the State fiscal year. Obligations and expenditures still must be accounted by federal fiscal year in that

1. Goods received or services rendered before September 30, but not paid for until after September 30 must be charged to the year in which they were ordered.
2. Goods or services ordered prior to September 30 but not delivered until after this date must be designated by prior federal year expenditure codes for such purchases/orders.
3. By October 31 of each year, Districts must submit to the State WIC office a written report of all outstanding encumbrances for the prior federal fiscal year. These reports will represent maximums Districts will be allowed to charge to that year.
4. No charges (or transfers) can be made against a prior federal fiscal year after December 31 of the following fiscal year.
5. Funds may only be obligated/spent to meet a legitimate need arising in or continuing to exist in the fiscal year for which appropriations are made. Where a purchase or obligation is made toward the end of the fiscal year and it is clear from the facts and circumstances that the need relates to the following year, that expenditure does not meet the legitimate need criteria. Districts are allowed to maintain a legitimate inventory of common use items, such inventory being limited to a three month supply maximum.

POLICY: ADM: 03.4

Subject: Shared Purchases/Expenses

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: When purchases/expenses are to be shared by various funding sources, the cost of these purchases must also be shared. Examples of such expenditures include but are not limited to rent, telephones, scales, etc.

Procedure:

1. Submit justification and allocation plan for these shared costs to State WIC Office for approval prior to expenditure. Allocation plan must include all programs and sources of funds as well as the basis for the allocation.
2. Maintain a file copy of approval letter with the invoice at the Local Agency.

POLICY: ADM: 03.5
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Subject: Allowable District Spending Costs

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Districts may use WIC funds in support of general administration of WIC, WIC nutrition education and WIC breastfeeding in amounts agreed upon in each year's MOA attachment.

Reference: CFR §246.14

ADMINISTRATION

The cost of Program certification, nutrition assessment and nutritional risk determination, and check issuance including:

1. Salary and related costs specifically related to above activities.
2. The cost of facilities and associated utilities used for WIC purposes.
3. Laboratory fees for no more than two hematological tests for anemia per participant per certification period if within WIC guidelines.
4. Expendable medical supplies necessary for WIC certification.
5. Medical equipment used for assessing hematological status and taking anthropometric measurements for WIC certification.

6. The cost of outreach services to persons potentially eligible for WIC.
7. The cost of translators and interpreters for WIC certification and/or nutrition education services.
8. The cost of WIC fair hearings
9. Where approved, the cost of transporting rural participants to WIC services.
10. The cost of monitoring and reviewing WIC Program operations
11. The cost of screening for drug and other substance abuse
12. The cost of travel and training, where associated with continuing education and /or membership in the National WIC Association (including committees) is allowable where the primary purpose is the dissemination of technical information
13. The cost of membership for a Local Agency in the National WIC Association

Subject: Allowable District Spending Costs

NUTRITION EDUCATION

The cost of nutrition education including counseling at the time of certification and secondary contacts concurrent with check issuance including:

1. Salary and related costs for WIC services as listed above.
2. Educational materials such as handouts, flip charts, videos, food models or other teaching aids directly related to WIC nutrition education and given to WIC participants.
3. Equipment used in the provision of nutrition education to WIC participants including but not limited to VCR's, projectors, etc.
4. Postage for mailing WIC educational materials to WIC clients if checks are mailed according to policy.
5. Training WIC NEd educators (who include professional staff and staff who have completed the required training modules in order to provide low risk education) to ensure competent staff and quality services are provided.
6. Evaluations of WIC NEd programs
7. Monitoring WIC NEd activities
8. The cost of translators and interpreters for WIC nutrition education.
9. Cost of space dedicated to the provision of WIC nutrition education.
10. Collaboration with Head Start, EFNEP, etc. regarding nutrition education to WIC clients.
11. Teaching aids given to WIC participants that support nutrition education and/or breastfeeding messages in an approved Nutrition Services Plan and for which prior written approval has been obtained from the State Office.

BREASTFEEDING (BF)

The cost of breastfeeding consultation to WIC participants, volunteer organizing for WIC services, WIC peer counselors, WIC plan development and education including:

1. Salary and related costs for WIC services as listed above.
2. Breastfeeding educational materials given to WIC clients.

Subject: Allowable District Spending Costs

3. Training for WIC BF educators, including costs related to conducting training sessions and purchasing/producing materials. The new standards of care developed by the BF Advisory Committee specifies all WIC staff should complete annual training (and have BF in their EWP).
4. Cost of clinic space devoted solely to WIC BF educational activities, including space set aside for breastfeeding WIC infants.
5. Breastfeeding aids (breast shells, nursing supplementers, nursing pads and bras, etc. given to WIC participants) which directly promote and/or support the initiation and continuation of breastfeeding. This includes manual breast pumps, but specifically excludes any type of electric pumps as these are centrally purchased by the State from food funds.
6. Costs of monitoring and evaluating BF activities
7. Travel and related costs incurred by WIC staff to conduct BF activities or attend training.
8. Cost of reimbursable agreements with other organizations, public or private, to undertake training, and direct service delivery to WIC participants concerning BF.
9. Costs of promotional campaign/items (print, radio, television) aimed at a general audience concerning nutrition or breastfeeding are allowed only if materials can legitimately be used with WIC participants in an education context and District has obtained prior written approval from the State WIC office.

POLICY: ADM: 03.6

Subject: Unallowable District Spending Costs

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Districts may not use WIC funds for any of the following:

1. Bad debt
2. Contributions and donations
3. Entertainment
4. Fines and penalties
5. Interest and other financial costs

6. Any expenses which personally benefit employees (working lunches, awards, gifts)
7. Expenses to purchase or administer vaccines
8. Expenses to provide for blood lead testing
9. Charges for food to object code 1362 (State Food Account)
10. Bottled water is unallowable. If a Local Agency has a temporary problem with a building's potable water and the system is shut down, temporary purchase of bottled water would be allowed.
11. Gifts or incentives designed to *reward* breastfeeding, nutrition education or participation in the WIC Program. Includes, bags, cups, T-shirts, buttons, infant slings, ponchos, diaper bags, etc. (If considered teaching aid, see ADM: 03.5) Outreach items will be developed and purchased at the State office for use in local outreach efforts, and as such are not allowable expenses of the District.
12. Any items that require written approval by the State WIC Office or USDA for which prior written approval was not obtained.

Exception: If food is purchased for nutrition education or breastfeeding classes, you should charge it to object code 1374 – Educational/Training Supplies. Use of food must be documented in the approved District Nutrition services plan, or the expenses will be disallowed.

POLICY: ADM: 03.7
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Subject: Time & Effort Reporting

Effective Date: October 1, 2002

Supersedes: July 1, 2001 Revision

Policy: All staff providing WIC services must complete a quarterly Time and Effort report according to VDH procedures. These reports are mandatory for all salaried/hourly employees funded in total or in part by federal funds, and for all district health department staff providing client services or having direct client contact.

Procedure:

1. Timesheets are completed for one monthly period a quarter as scheduled for the worksite where an employee is assigned.
2. Time reported should reflect time actually spent, and not times projected.
3. An employee should not submit more than four months of time recording for a year's period.
4. Overtime hours should be reported if paid.

5. "Free" or unpaid time should not be reported.
6. Compensatory time shall be reported as non-direct service time.
7. Annual leave shall be reported as non-direct service time.
8. Salaried employees should report time in two pay periods; the 10th through the 24th, and the 25th through the 9th of the following month in the form TA2a.
9. Wage employees should report time in two pay periods: the 1st – 15th, and 16th – the end of the month.
10. WIC time must be correctly identified in one of three categories:

General Program Management Time and Effort Code 130

A. Administration is time spent in:

- program monitoring
- prevention of fraud
- general oversight

Subject: Time & Effort Reporting

- food benefit accountability
- outreach
- maintaining fiscal and program reports, and
- clerical support

B. Client Services is time spent in

- determining categorical, residential and income eligibility for services
- conducting diet and health assessments and determine nutritional risk required in the certification process *
- issuing food benefits and explaining their use
- referring m clients to other health care and social services
- coordinating services with other programs

C. Nutrition Education (Time and Effort Code 131) is time spent in:

- explaining the relationship of nutrition to good health *
- educating clients as to steps to take to correct personal nutrition deficiencies *
- providing individual or group follow-up education sessions
- travel and training for staff who plan and/or conduct nutrition education
- developing or procuring nutrition education materials
- interpreting or translating nutrition education services or materials
- evaluating and monitoring nutrition education services

D. Breastfeeding (Time and Effort Code 134) is time spent:

- promoting and supporting breastfeeding

Subject: Time & Effort Reporting

- encouraging continuation of breastfeeding
- developing/ procuring, printing and distributing materials devoted to breastfeeding education and support; and
- training staff to provide the above

* Please note that only that part of the certification visit dedicated to counseling in response to identified nutritional risk is counted as nutrition education. The certification process itself is administrative time.

Non Direct service time should be coded to Time and Effort Code 999 when the employee's efforts cannot be related to a specific program. Examples include leave and holidays (salaried employees only), compensatory time off, training, travel time, etc. When training or travel is directly related to a specific program, the time should be charged to that program.

POLICY: ADM: 03.8

Subject: Capital Expenditures, Equipment Computer Purchase Requirements

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: All capital expenditures made utilizing allocated federal WIC funds must be coordinated with the WIC State office in order to meet federal approval requirements and assure control of assets and inventory.

- In general, computer purchases will be centralized at the State WIC office and made from central office funds. Purchase of any computer equipment or software utilizing local WIC funds requires prior written approval from the State WIC office.
- Purchase of capital assets, such as real estate and improvements to facilities using WIC funds require prior written approval from the State WIC office.
- Purchases of non-computer equipment with a cost of more than \$500 requires prior written approval from the State office. Purchases of equipment with a purchase cost of less than \$500 but a life of greater than one year should be reported in writing to the State WIC office within 30 days of their purchase. This would include but not be limited to Hemocue machines, TV/VCR's, scales, etc.

**Reference: 7 CFR 3016.3; 7 CFR 3016.31; 7 CFR 3016.32;
7 CFR 3016.36; FNS Handbook 901**

Procedure:

1. For items requiring pre-approval, Districts must submit a written justification for the purchase along with a copy of the purchase requisition to the State WIC Office prior to purchase. Districts will receive written approval/denial in response to all requests. If the purchase requires USDA approval, this will be obtained by the State WIC office prior to responding to the District. Documentation of request/approval must be kept at the District office for audit purposes.
2. For items requiring subsequent notification, send a copy of the purchase order and invoice to the State WIC office. If USDA requires notification, the WIC State office will handle this. Copies of the approval/disapproval notification must be kept at the District level for audit purposes.

POLICY: ADM: 03.9

Subject: Building Space/Rental Cost

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The cost of space in privately or publicly owned buildings used for the benefit of the WIC Program is an allowable expense. The total cost of space may not exceed the rental costs of comparable space and facilities in a public/private owned building in the same locality.

- Charges should be determined on the basis of actual costs (including depreciation based on the useful life of the building, interest paid or accrued, operation and maintenance).
- Charges to WIC must be based on square footage used by the Program. All other federal programs must be charged using the same rate. A written allocation plan must on file for audit purposes.
- The cost of space procured for WIC usage may not be charged to the Program for periods of non-occupancy without prior authorization from the State WIC office.
- No rental charges will be for purchases or construction that were originally financed by the WIC Program.
- Costs incurred for rearrangement and alteration of facilities required specifically for the WIC Program or those that materially increase the value or useful life of the facilities are allowable when pre-approved by the State WIC Office and USDA.

POLICY: ADM: 04.0.1

Subject: Nutrition Services Plan

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies shall develop an annual *Operations, Nutrition Services, and Outreach Plan* (plan) that is consistent with the State's nutrition plan. In order to obtain authorization and funding to provide local WIC Services, the Virginia Department of Health (VDH) Health Districts must reapply annually.

The annual plan shall adhere to State guidance and be submitted by the specified date. The plan shall be submitted as part of the Health District's Memorandum of Agreement (MOA) with the Office of Family Health Services (OFHS) each year.

Local Agencies shall integrate their plans into other health department services and agency plans. Local Agencies shall share appropriate components of their plans with their partners, including other public and private organizations.

Reference: CFR §246.11

Procedure:

1. An application package is provided to all Health Districts in March of each year.
2. The Health District will submit its plan and it shall include the district's goals for Operations, Nutrition Services, Outreach and as well as the projected budget for the fiscal year.
3. The State Agency shall enter into a signed written MOA with each Health District.
4. The revised plan and budget shall be approved by OFHS.

POLICY: ADM: 04.0.2

Subject: Participant Feedback

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies shall annually survey 5 per cent of their WIC participants on nutrition education and breastfeeding promotion and support activities and incorporate the findings into the district *Nutrition Services Plan*. To collect participant feedback, Local Agencies shall conduct written or telephone surveys, focus groups or exit interviews. The information gathered shall include participants' nutrition education interests, preferred methods of delivering

education, satisfaction with services provided and behavioral changes as the result of nutrition education. The Local Agency shall submit a summary of the participant feedback to the State Nutritionist within 60 days of gathering the information.

POLICY: ADM: 04.1
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Subject: District Reviews

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The State WIC Office will monitor district WIC Programs using the state monitoring tool (see Appendix 7) every two years from the date of the previous review. A minimum of 20 percent of the clinics in each Local Agency or a minimum of one clinic, whichever is greater must be monitored.

The State WIC Office monitoring team will review the district's financial operations, program operations and nutrition services. The monitoring will consist of interviews, observation and chart reviews to assess separation of duties, financial compliance, certification procedures, food package prescription, nutrition education, check issuance and security, accountability, record maintenance, civil rights procedures, staffing and training, caseload management, referrals and outreach. (CFR §246.19)

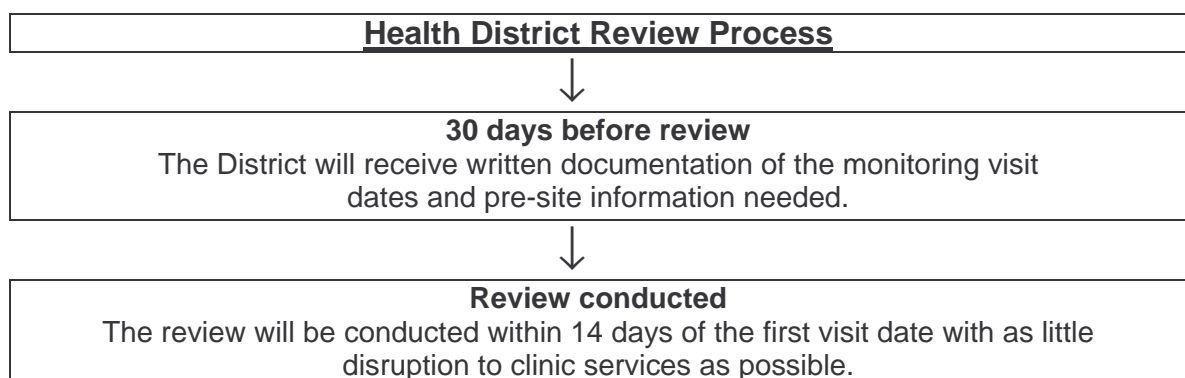
The District shall self-monitor WIC Program performance and nutrition services biennially using the State's monitoring tool in the years that the state review is not conducted (see Appendix 7). A minimum of 20 percent of the clinics in each Local Agency or a minimum of one clinic, whichever is greater must be monitored.

The Virginia Department of Health's Office of Information Management (OIM) is responsible for all MIS security reviews of the agency at both state and local office levels. These reviews will be conducted at least bi-annually as required by Handbook 901 and Handbook 701.

Reviews will not be used to impose financial penalties.

Procedure:

1. Follow State review process below:





Within 14 days of the review
An exit interview will be completed.

POLICY: AMD: 4.1
(Page 2 of 2)

Subject: District Reviews

Within 30 days of the exit interview
The District will receive written report findings.



Within 30 days from the date of the report
The District must submit an acceptable action plan to the State WIC Office. The District response must include supporting documentation on each finding. The State WIC Office will send a reminder to the District if a response is not received within 30 days.



Within 30 days of the District response
The District's response will be reviewed. The District will receive written notification that the report is acceptable. If the District report is not acceptable, the District has an additional 30 days to submit a revised action plan. If the revised action plan is inadequate and does not satisfactorily address the problem areas, the State WIC Office will send a memorandum to the District.



Until findings are closed
The State WIC Office will continue to track progress on the District's findings until they are closed out. The District must submit documentation that action steps for each finding were completed before the finding will be closed.

2. Follow local review process below:

Conduct self-monitoring review
The District will conduct self-monitoring one year from the month of the state review using the state monitoring forms.



Submit findings and action plan
The District will submit self-monitoring findings and action plan to the State Nutrition Program Coordinator for their district within 30 days of the review.



Document action plan progress
The District will document action plan progress and maintain a file for state review.



Retain report findings
The District will retain report findings for 5 years.

POLICY: ADM: 04.2

Subject: Audits

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: To ensure the integrity of WIC Program operations, Local Agencies will be audited by the:

- Auditor for Public Accounts (APA)
- USDA (Office of Inspector General and STAR Reviews)
- State WIC Office
- Division of Internal Audit

Audits may be conducted with or without prior notification. Audits may be used to impose financial penalties.

Reference: CFR §246.19

POLICY: ADM: 04.3

Subject: Nutrition Services Evaluation

Effective Date: October 1, 2002

Supersedes: July 1, 2001 Revision

Policy: The State agency shall conduct a nutrition services evaluation of each Local Agency (health district) at least once every two years from the date of the previous review. The review shall include on-site reviews of a minimum of 20 percent of the clinics in each Local Agency or one clinic, whichever is greater. The evaluation will consist of interviews, observation and chart reviews to assess nutrition eligibility (e.g., collection of medical data and the assignment of nutrition risk criteria) and the delivery of nutrition services (e.g., nutrition education requirements and methods of delivery, food prescriptions, staff qualifications and training).). See Appendix 5 for the *State Nutrition Services Evaluation Tool*. The State agency may conduct additional on-site reviews if determined necessary. Evaluations will not be used to impose financial penalties.

The Local Agency shall conduct a self-evaluation of nutrition services every two years using the State's approved evaluation tool in the years that the state review is not conducted. See Appendix 5 for the *State Nutrition Services Evaluation Tool*. A minimum of 20 percent of the clinics in each Local Agency or a minimum of one clinic, whichever is greater must be reviewed. Local Agencies shall submit the findings of the self-evaluation and a corrective action plan to the State Nutritionist assigned to their health district within 30 days of the evaluation. Local Agencies shall document progress made on the corrective action plan and maintain this documentation in a file for 5 years for State review.

Reference: CFR §246.19

For more detailed information on the monitoring process, see Policy: ADM: 04.1.

POLICY: ADM: 05.0
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Subject: Program Abuse and Sanctions

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The State WIC Office determines Program abuses and sanctions that may be issued to applicants, participants or payees. Sanctions are based on the severity of the abuse and may range from a warning letter to disqualification from the Program for one year.

When more than one abuse is involved at a time, the sanction shall be based on the more serious abuse.

If an abuse occurs more than 12 months after the last abuse, the Local Agency shall process the abuse as a first offense. When more than three (3) abuses in a 12-month period occur, the Local Agency must issue a three (3) month temporary disqualification.

The State WIC office must disqualify the participant for one year for claims of \$100 or more, dual participation, or a second or subsequent claim of any amount.

An infant or child participant cannot be disqualified if the payee commits abuse. See sanction restrictions for infants and children.

The sanction restriction for an infant or child participant does not apply when deliberate misrepresentation to obtain WIC benefits or dual participation is documented.

Sanction restrictions for infants and children do not apply to adult participants.

A disqualified participant shall be given the opportunity to appeal the disqualification. See Fair Hearing Policy PRR 06.0 – PRR 06.2 and procedures.

Program abuses and assigned sanctions are as follows:

Subject: Program Abuse and Sanctions

ABUSE	NUMBER OF OFFENSES	SANCTION
Class I		
Any deliberate misrepresentation of income, name, residence, family size, medical data, or date of birth to obtain WIC benefits	All	Three month disqualification
Dual participation – redeeming checks from two programs/agencies in same month	All	One year disqualification
Assessed claim for \$100.00 or more	All	One year disqualification
Assessed second or subsequent claim for any amount.	2 nd or subsequent	One year disqualification
Attempting to steal or actually stealing checks from the Local Agency or another participant, if under a \$100.00	All	Three month disqualification
Selling, exchanging or giving away checks, food, or formula	All	Three month disqualification
Redeeming WIC checks reported as lost or stolen, if under a \$100.00	All	Three month disqualification
Attempting to redeem or redeeming WIC checks for non-food items (i.e., diapers, wine, cigarettes)	All	Three month disqualification
Physically abusing the WIC or store staff [An incidence of physical abuse of WIC or store staff/property should be reported to the police]	All	Three month disqualification
Accepting cash or credit from a store in Connection with a WIC transaction	1 st	One month disqualification
	2 nd	Two month disqualification
	3 rd	Three month disqualification
Alteration of WIC checks (includes date, Quantities, types of food)	1 st	One month disqualification
	2 nd	Two month disqualification
	3 rd	Three month disqualification

Subject: Program Abuse and Sanctions

ABUSE	NUMBER OF OFFENSES	SANCTION
Class II		
Creating a public nuisance at the Local Agency or the store (i.e., verbally abusing, harassing, or threatening WIC or store staff, destroying store merchandise, or disrupting normal Local Agency or store activities).	1 st	Warning letter
	2 nd	Two month disqualification
	3 rd	Three month disqualification
Attempting to redeem or redeeming WIC checks for unauthorized food, formula or food amounts	1 st	Warning letter
	2 nd	Two month disqualification
	3 rd	Three month disqualification
Allowing unauthorized person(s) to use the WIC ID Folder to pick-up and/or redeem WIC checks	1 st	Warning letter
	2 nd	Two month disqualification
	3 rd	Three month disqualification
Deliberately damaging or destroying WIC Checks.	1 st	Warning letter
	2 nd	Two month disqualification
	3 rd	Three month disqualification
Redeeming WIC checks before or after valid spend dates	1 st	Warning letter
	2 nd	One month disqualification
	3 rd	Two month disqualification
Attempting to redeem or redeeming checks at Unauthorized stores	1 st	Warning letter
	2 nd	One month disqualification
	3 rd	Two month disqualification

Subject: Program Abuse and Sanctions

Reference: CFR §246.7 and CFR §246.12

Procedure:

1. To report alleged Program abuse, complete the Complaint Form (Side B), WIC-345 and mail it with any supporting documentation to the State WIC Fraud and Abuse Coordinator for review/investigation.
2. The State WIC Fraud and Abuse Coordinator will investigate and notify the Local Agency if abuse was committed.
3. If abuse is confirmed by the State WIC Fraud and Abuse Coordinator, the Local Agency must discuss the abuse with the participant/payee and issue a warning or disqualification letter, whichever applies.
 - a. The warning letter must include:
 - Participant/payee's name,
 - Date and description of abuse,
 - Correct procedure to follow, and
 - Local Agency signature, title and date.
 - b. The Disqualification Letter (WIC-393) must be sent by certified mail or hand delivered.
 - Procedures for a fair hearing must accompany the Disqualification Letter.
 - A participant must have 15 days notice before being disqualified from the Program.
4. Participants who appeal Program disqualification within 15 days of the notification date will continue to receive WIC benefits until the hearing decision is made or the certification period expires, whichever comes first.
 - a. If the decision is unfavorable, the participant will be disqualified from the Program for the specified time.
 - b. Follow WIC Net procedures for suspension of benefits.
5. Sanction Restrictions for Infants and Children.
 - a. When the payee commits a Class I abuse, issue the sanction assigned to the abuse.

Subject: Program Abuse and Sanctions

- Assign a new payee to the infant/child participant.
 - Issue the new payee a WIC ID folder. Provide appropriate education and shred the ID folder with the original payee's name. Document in the participant's record.
 - Notify the state WIC Fraud and Abuse Coordinator
- b. When the payee commits a Class II abuse, issue a warning letter.
- If the payee commits more than three (3) abuses in a 12-month period or the abuse results in disqualification from the program, a new payee must be assigned to the infant or child participant.
 - Issue the new payee a WIC ID folder. Provide appropriate education and shred the ID folder with the original payee's name. Document in the participant's record.
 - Notify the state WIC Fraud and Abuse Coordinator
6. Applicant Abuse:
- a. Program abuses and assigned sanctions may also be issued to abusive applicants.
 - b. Issue a Letter of Ineligibility (WIC-315) to abusive applicants. See Forms Chapter for instructions.
 - c. Abusive applicants can be denied the right to reapply for a period up to 3 months.
7. Proxy Abuse:
- a. The participant/payee is responsible for the actions of the proxy(s). In cases of abuse by a proxy, disqualify the proxy and issue a warning letter to the participant/payee. A new proxy may be named, if requested.
8. Reinstatement of WIC benefits:
- a. A disqualified participant may receive or reapply for WIC benefits at the end of the disqualification period.
 - b. If the certification period has not expired, immediately contact the participant and schedule nutrition education/check pick-up.
 - c. If the certification period expired, recertify the client in WIC Net with new medical data.

Subject: Program Abuse and Sanctions

9. Mandatory disqualification

- a. Except as provided in paragraphs (2) and (3) of this section, whenever the State WIC office assesses claims of \$100 or more, dual participation, or a second or subsequent claim of any amount, the State WIC office must disqualify the participant for one year.
- b. Exceptions to mandatory disqualification. The State WIC office may decide not to impose a mandatory disqualification if:
 - within 30 days of receipt of the letter demanding repayment, full restitution is made;
 - a repayment schedule is agreed to in writing;
 - or, in the case of a participant who is an infant, child, or under age 18, the State WIC office approves the designation of a proxy.
- c. Terminating a mandatory disqualification. The State WIC office may permit a participant to reapply for the Program before the end of a mandatory disqualification period:
 - if full restitution is made or a repayment schedule is agreed upon; or
 - in the case of a participant who is an infant, child, or under age 18, the State WIC office approves the designation of a proxy.

10. Warnings before sanctions

The State WIC office may provide warnings before imposing participant sanctions, except under mandatory disqualification.

11. Fair hearings

At the time the State WIC office notifies a participant of a disqualification, the State must advise the participant of the procedures to follow to obtain a fair hearing pursuant to CFR 246.9.

12. Referral to law enforcement authorities

When appropriate, the State WIC office must refer vendors, home food delivery contractors, and participants who violate program requirements to Federal, State, or local authorities for prosecution under applicable statutes.

Subject: Dual Participation

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: No participant shall receive benefits in two or more WIC programs or under two or more identities. Such dual participation is a form of program abuse and as such is subject to sanctions. Program benefits obtained or disbursed improperly will result in a claim against the participant for the full value of such benefits.

Definitions:

- The *terminating Local Agency* is that agency in whose district the participant does not/no longer reside(s), or is participating under a false identity or address.
- The *sanctioning Local Agency* is that agency in whose district the participant currently resides and is participating under his/her true identity and address.
- The terminating and sanctioning Local Agencies may in some cases be the same.

Procedure:

1. The State WIC Office will conduct a quarterly audit of Program participation and notify the Local Agency(ies) concerned in cases of possible dual participation.
2. The Local Agency will investigate the matter.
3. The Local Agency will report its findings to the State WIC Office. If abuse is confirmed by the State WIC Office
 - a. The terminating Local Agency shall issue a Letter of Ineligibility (WIC-315) and complete a Terminate WIC-307, using Termination Code G.
 - b. The sanctioning Local Agency shall discuss the abuse with the participant and impose sanctions forthwith, in accordance with Policy ADM 05.0.
4. The State WIC Office will establish the claim against the participant.

POLICY: ADM: 05.2

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Subject: Collection of Improperly Issued Benefits/Claims against Participants

Effective Date: October 1, 2002

Policy:

The State agency will establish a claim against the participant for the full value of such benefits improperly obtained or disposed of and any fees or additional expenses incurred. These improper acts include but are not limited to, inaccurate certification information, dual participation violations, proxy abuses, retention of future checks after being disqualified or program abuses as defined by policy or regulatory statute.

Reference: CFR 246.7(J)(7), CFR 246.23 (c)(1)

Procedure:

- A. The participant who defrauds or abuses the Program will be liable for prosecution under Federal, State or local laws when appropriate. The Local Agency shall report findings of possible fraud or abuse to the State's WIC Fraud and Abuse Coordinator for consultation, review and resolution.
- B. The State's WIC Fraud and Abuse Coordinator will report findings to the appropriate Federal USDA office if required.
1. For all claims, the State agency will issue a letter demanding repayment. The letter will:
 - a. Be certified with return receipt requested and also a copy sent through first class mail to the record on file.
 - b. Also be mailed to any other address associated with the client in the file, any other address discovered through subsequent investigations, and addresses of all proxies.
 - c. Clarify the reasons for the claim and the value of the improperly issued benefits, which must be re-paid.
 - d. Inform the participant that s/he has 15 days from receipt of the letter to contact the State agency.

- e. Inform that failure to pay the claim may result in disqualification for future program benefits.
- f. Advise the participant of the procedures to follow to obtain a fair hearing, pursuant to the State's Policy Manual PRR 06.1. The timeframes noted in section PRR 06.2 do not apply in these situations.

POLICY: ADM: 05.2

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Subject: Collection of Improperly Issued benefits/Claims against participants

- 2. If full restitution is not made or a repayment schedule is not agreed on within 30 days of receipt of the letter, the State agency will take legal collection actions until restitution is made or a repayment schedule is agreed upon, unless the State agency determines that such collection actions would not be cost-effective.
- 3. The standard for determining that collection actions are no longer cost-effective will weigh the amount of the claim against the cost of reclaiming the program benefits. This cost of reclaiming will include time and effort of the state or Local Agency, as well as collection and legal cost.
- 4. The State agency will determine whether disqualification of the participant is required by the Mandatory Disqualification Section of the Policy Manual (See Section ADM 05.0). If the State agency assesses a claim(s) of \$100 or more, dual participation, or assess a second or subsequent claim of any amount, the State agency must disqualify the participant for one year.

Types of restitution:

- 1. In lieu of financial restitution, the State agency may opt to allow participants, parents or caretakers of infant or child participants for whom financial restitution would cause undue hardship to provide restitution by performing in-kind services approved only by the State agency.
- 2. Restitution may not include offsetting the claim against future program benefits, even if agreed to by the participant or the parent or caretaker of an infant or child participant.

Disposition of claims:

- 1. The State agency will document the disposition of all participant claims.

Delegation of claims responsibility:

- 1. The State agency may delegate to its Local Agencies the responsibility for collecting participant claims under the supervision and monitoring by the State agency.

Subject: Separation of Duties

Effective Date: December 15, 2002

Revised from: October 1, 2002

Policy: To prevent fraud or abuse, Local Agencies will ensure that there is separation of duties between the certification and food check issuance process. A minimum of two staff members must be available to complete the certification process and issue food checks to a participant.

Local Agencies must ensure that no conflict of interest exists between a WIC authorized vendor and the Local Agency staff.

Procedure:

To maintain separation of duties:

1. Assign a minimum of two staff members to complete the certification and check issuance process at the initial certification and re-certification visit. The CPA who prescribes the food package cannot issue food checks to the same participant.
 - a. At follow up nutrition education visits separation of duties is required. If a food package change is needed during a follow up nutrition education visit, the staff member that makes the change in the food package may not issue checks to that participant.
2. An employee who is a WIC participant, proxy or family member of a participant cannot complete the certification process and issue food checks for themselves, their family members or person(s) for whom they are acting as proxy.
 - a. The employee cannot issue or complete the following (or portions of the following):
 - Eligibility screening (categorical, financial, residential, or proof of identity)
 - Letter of ineligibility (WIC-315)
 - Participant Rights and Responsibilities (WIC-310)
 - Request for WIC Proxy (WIC-314)
 - WIC Transfer Card
 - WIC food instruments (checks)
 - WIC ID folder

Subject: Separation of Duties

- b. Two other staff members must complete the certification and food check issuance process and provide the above documents for the employee, his/her family, or the person for whom the employee is proxy.
 - The employee shall not have access to his/her record or a family member's record.
 - The record may be reviewed in the presence of another employee upon receipt of a written request.
- c. Local Agency must keep a file of employees who are or who have a family member on the WIC Program. This must be made available to federal or state auditors for review.
 - If a WIC employee's immediate family owns a WIC-authorized store or an employee works at a WIC-authorized store, s/he cannot complete the certification process and issue food checks. S/he may complete the certification process or issue food checks, but not both.
3. If the Local Agency does not have sufficient staff to implement the above policy, the district director or designee must conduct a quarterly review of the certification and food check issuance process. The district director or designee must maintain on file at the Local Agency documentation including the review date, reviewer's names, findings and follow-up action, if necessary, associated with the review. The following should be used to review separation of duties:
 - a. Use WIC Form 400-Separation of Duties Exception Log for every exception.
 - b. At least quarterly, review certification information to verify that only eligible applicants have received WIC benefits. Document appointment date and type, client/family ID number and relationship to the employee certifying and issuing food checks.
 - c. When problems are detected, the district director or designee must take immediate action to resolve the problem. This includes notifying the State Office about the nature of the problem and the action steps taken to resolve it.
 - d. Share review findings with staff. Review any problem areas and retrain staff, if necessary.
 - e. File documentation of the review in the Local Agency.

Subject: Conflict of Interest

Effective Date: February 3, 2003

Revised from: October 1, 2001

Policy: Individuals, including WIC staff and state employees, involved in the WIC eligibility/certification/food instrument process, may not be related (spouses, parent-child, siblings, aunt/uncle-nephew/niece, grandparent-grand child) to the applicant/participant, or may not have a financial interest in an authorized WIC retail store. These individuals who are receiving WIC benefits may not certify or issue food instruments to themselves.

Procedure:

1. Local Agencies must record all WIC employees/staff in the district who are participants or payees.
2. Local Agencies must record all WIC employees/staff in the district who are related to participants or payees, (i. e. spouses, parent-child, siblings, aunt/uncle-nephew/niece, grandparent-grand child).
3. Local Agencies must document notice of WIC employees or WIC employees' family members, that have been identified as a WIC Retailer Store's owner or senior management.
4. Employees/staff should not be a proxy for a participant.
5. If an employee is a participant or has a relative who is a participant:
 - Another staff member should certify and issue checks.
 - If another staff member is not available, the participant should change clinics.
6. A WIC employee must not direct or influence participants to use a particular retailer to redeem food instruments.

Subject: Civil Rights Compliance

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The Local Agency shall comply with the requirements of the non-discrimination laws and regulations.

Reference: CFR §246.8

Procedure:

The Local Agency shall:

1. Follow all civil rights policies and procedures established by the State WIC Office.
2. Be knowledgeable of civil rights regulations/materials provided by the State WIC Office.
3. Participate in civil rights training.
 - a. New employees must be trained within 90 days of employment and all others must be trained every 3 years.
 - b. The Local Agency must maintain a training log for monitoring purposes. The State Office will review the training log for civil rights compliance every 2 years.
4. Provide program information in the appropriate language when a significant number of non-English or limited English speaking persons are eligible to be served.
 - a. Significant number is defined as 5% of the population or 1000 participants of the same language, whichever is less.
 - b. Local Agencies must maintain a list of available translators within the agency area.

POLICY: ADM: 07.0

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Subject: Civil Rights Compliance

- c. Program information that should be provided in the appropriate language includes:
 - WIC Approved Food List,
 - WIC ID Folder,
 - Participant Rights and Responsibilities (WIC-310),
 - Proxy Form (WIC-314),
 - Letter of Ineligibility (WIC-315),
 - Affidavit Form (WIC-383), and
 - Disqualification Letter for Program Abuse (WIC-393).

Subject: Program Access

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies must make services accessible to all potential eligible people with special emphasis for employed persons, rural residents who may have transportation problems, people with disabilities, and non-English speaking persons.

Local Agencies must schedule appointments for employed individuals who request Program benefits for themselves or on behalf of others if appointments are not normally provided.

Reference: CFR §246.4

Procedure:

1. Improve accessibility by:
 - Arranging transportation.
 - Conducting evening or Saturday clinics.
 - Locating clinics in areas frequently visited by potentially eligible people such as e.g., Hospitals, Social Security offices, Head Start facilities, churches, etc.
 - Extending clinic hours, including Saturday clinics.
 - Mailing WIC checks (see WIC Checks chapter).
 - Scheduling appointments.
2. Follow Local Agency procedures when persons with disabilities are certified, receive nutrition education or need to communicate with staff.
 - a. Use the Virginia Relay Center to relay telephone calls to applicants/ participants who are speech or hearing impaired. There is no charge for using the center.
 - To use the center, speech or hearing impaired callers using TTY/TDD, dial 1-800-828-1120. Local Agency staff dial 1-800-828-1140 to access the center.

Subject: Program Access

- A trained communication assistant will explain the process and relay the call in strictest confidence.
- Local calls are relayed free but there is a charge for long distance calls.
- b. The Virginia Division of Deaf and Hard of Hearing may be able to assist with translation and interpretation. Their phone number is 1-800-552-7917.
- 3. Use the AT & T Language Line to place or receive a call from a non-English speaking WIC applicant/participant, or in face-to-face situations when a translator is unavailable.
 - a. To use the service, dial the toll-free number (1-800-874-9426) provided by the State WIC Office and state the:
 - language needed,
 - client's ID number (522021),
 - organization's name (VA WIC Program).

Subject: Outreach

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies must provide WIC Program information to other programs/agencies that serve a high number of potentially eligible applicants.

Reference: CFR §246.4

Procedure:

1. Designate the responsibility of outreach to a specific staff person(s).
2. Identify and provide Program information to programs/agencies such as:
 - Agencies serving the homeless (homeless facilities/institutions)
 - Child birth classes
 - Community health centers

- Community service organizations
- Family planning programs
- Food banks
- Head Start
- Health Maintenance Organizations (HMO's)
- Migrant health centers
- Obstetricians, Family Practitioners, Pediatricians
- Planned Parenthood
- Salvation Army
- Social Service agencies (AFDC/Medicaid)
- Women's Shelters

POLICY: ADM: 08.1

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Subject: Outreach

3. Outreach to pregnant women:
 - a. Provide Program information to agencies serving eligible pregnant women.
 - b. Target eligible women in the first trimester of pregnancy.
 - c. Contact pregnant applicants who have missed their certification appointment by telephone or mail and re-schedule another appointment.
4. Outreach to homeless:
 - a. Determine the number and location of homeless individuals in the agency area.
 - Provide Program information to homeless facilities/institutions.
 - Determine barriers to Program participation.
 - b. Establish procedures to provide services to homeless individuals.

- Establish a referral system between homeless facilities/institutions and the Local Agency.
 - Provide a listing of Local Agencies and homeless facilities/institutions in the area to homeless applicant/participants. The listing must include a contact name, telephone number and address.
- c. Coordinate services with homeless facilities/institutions to eliminate barriers (e.g., on-site WIC clinics).
5. Outreach to migrants:
- a. Determine the number and location of migrant farm workers in the agency area.
 - Provide Program information in the appropriate language.
 - Determine barriers to Program participation.
 - b. Establish procedures to provide services to migrant families.
 - Establish a referral system between agencies serving migrants and the Local Agency.
 - b. Coordinate services with migrant health centers to eliminate barriers (e.g., arrange transportation to Local Agency, conduct on-site WIC clinics).

POLICY: ADM: 08.2

Subject: Production of Marketing/Outreach Materials

Effective Date: October 1, 2002

Policy: It is the sole responsibility and authority of the state WIC office to produce or approve for production and dissemination any marketing/outreach materials that address, promote, discuss, or otherwise represent the WIC program.

Procedures:

1. Marketing/outreach materials include any information developed for public consumption whether written, video taped, public service announcements (PSA) or other medium that provides marketing/outreach information about or promotes the WIC program
2. The state WIC office will generally provide adequate marketing/outreach materials for use by Local Agencies.
3. If a Local Agency has a concept or developed marketing/outreach material which it believes to be preferable to that provided by the State WIC office, it may submit such materials to the State office for consideration
4. District and Local Agencies must obtain permission from the State WIC office before producing or causing to produce any marketing materials, whether it is written, video, or other medium that provides education about or promotes the WIC program.
5. The District will contact the Marketing Coordinator at the State office to obtain permission.

Subject: National Voter Registration Act

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Program applicants and participants must be provided the opportunity to register to vote or to change their voter registration in elections for federal and/or state office when applying for or receiving services at the Local Agency.

Procedure:

1. The Local Agency is required to keep forms on hand and provide the following services:
 - a. Distribute registration forms at the time of each certification, recertification or change of name or address, unless the applicant, in writing, declines to register to vote.
 - b. Assist in completing the registration form, unless the applicant refuses assistance.
 - c. Accept and review completed registration forms and forward them to State Board of Elections.
2. The Local Agency is prohibited from the following:
 - Seeking to influence an applicant's political party preference;
 - Displaying any political or candidate preference or party allegiance;
 - Making any statements or taking any action whose purpose or effect is to discourage the applicant from registering to vote; or
 - Making any statement to an applicant or taking any action that leaves the applicant with the impression that a decision to register or not to register has any bearing on the availability of Program services or benefits.
3. Integrate voter registration into the clinic in a manner that minimizes burden and is least disruptive to Program procedures.
4. Keep an applicant/participant's voter registration information confidential.
5. Compliance shall be monitored by the District Director (or designee) and the State WIC Office.

Note: Refer to the Commonwealth of Virginia National Voter Registration Act of 1993 Reference Manual for Agency Personnel for complete policy and procedures.

Subject: Emergency Situation

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies must follow emergency procedures in the event of an emergency situation. Incorporate procedures to continue WIC benefits into the district Office Emergency and Business Recovery Plan. (See Glossary for definition of an emergency situation.)

Procedure:

1. The Local Agency must follow procedures outlined in the district's Office Emergency and Business Recovery Plan when reporting an emergency situation to the District Director.
 - a. The District Director (or designee) contacts the State WIC Office on the Local Agency(ies) operational status by reporting the following information:
 - if assistance is needed,
 - the number of WIC staff and participants affected by the disaster,
 - the extent of damage to service delivery,
 - if Program records/equipment have been damaged or destroyed,
 - the number of WIC vendors closed and if retail purchase is still possible,
 - the estimated number of newly eligible applicants as a result of the disaster,
 - the estimated length of service disruption,
 - if electricity and/or water service has been disrupted, and
 - the safety of the water supply.
 - b. The district director and the State WIC Office will jointly determine whether or not WIC services will continue, be interrupted, or be altered.
2. Protect all Program records, supplies and equipment from possible damage or destruction.
 - Manually back-up client data on the computer system to tape/floppy diskette.
 - Secure manual checkbooks, computer checks and check registers.
 - Secure and/or move computer/medical equipment, supplies and participant records.

Subject: Emergency Situation

3. Follow policy and procedure requirements related to:
 - financial eligibility,
 - certification and nutrition education,
 - prescribing the appropriate food package, and
 - check preparation and issuance.
4. Deliver full benefits to participants under emergency situations by following procedures to ensure provision of services.
 - Maintain a list of names, addresses, telephone numbers and contact persons for emergency centers in order to coordinate services.
 - Coordinate services with emergency centers by providing staff for certification and/or check issuance.
 - Establish alternative certification and/or check issuance sites.
 - Use mobile equipment to provide certification and/or check issuance.
 - Inform participants on how to access WIC benefits.
 - Inform potential applicants of WIC Program benefits and availability.
 - Provide information on food preparation and safety concerns.
 - Issue WIC Transfer Cards to participants who relocate.
 - Mail WIC checks to eligible participants.
 - Develop or update an alternative emergency food services list.
 - Refer participants to alternative emergency food services.

Subject: Emergency Situation

5. Follow evacuation procedures in the event the Local Agency must evacuate the location.
 - Manually back-up client data on the computer system to tape/floppy diskette,
 - Water proof and secure computer and/or medical equipment, supplies, formula samples, all checks and Program records,
 - Notify the State WIC Office that the clinic site is closing, and
 - Provide the name, address and telephone number of the employee entrusted with the computer back-up tape and/or floppy diskette.
6. Train Local Agency staff on the emergency procedures and any updates.

Subject: Record Retention

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies are required to retain records concerning program operations in accordance with State and Federal guidelines.

Procedure:

1. Retain WIC-only records 5 years, or until all audits, litigation, claims, or other actions involving the records are resolved.
 - a. Administrative records include:
 - Check issuance and redemption (e.g., computer check registers, manual check books, manual check inventories)
 - Civil rights and fair hearing procedures
 - Equipment purchases and inventory
 - Information on financial operations (e.g., Time & Effort sheets, budget reports, expenditures, vouchers, ATV's, payroll)
 - b. Participant records include:

- Certification forms (WIC-307)
 - Financial eligibility forms
 - Nutrition eligibility forms
2. Retain integrated records following the Commonwealth of Virginia's records retention and disposition schedule.
 - a. For minors – retain 5 years after the age of majority or 10 years after last treatment, whichever is later.
 - b. For adults – retain 10 years after last treatment.

POLICY: ADM: 11.0
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Subject: Record Retention

3. All records, except participant records (unless they are the only source of certification data), shall be available during normal business hours for representatives of the Department of Comptroller General of the United States to inspect, audit and copy.
4. Destroy records by burning, shredding or pulping.
 - a. Before records are destroyed, the form must be sent to the Library of Virginia.
 - Complete a Certificate of Records Disposal Form, Rm-3. See Appendix 6: Certificate of Records Disposal Form

POLICY: ADM: 01.0

Subject: Caseload Assignment

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The State WIC Office will allocate district caseload assignments annually or as needed. Caseload assignments will be based on the previous fiscal year's participation average and unmet needs. Caseload assignments will be sent to districts no later than September of each year and as revisions are necessary.

Reference: CFR §246.7

Districts must stay within their caseload assignment. When participation reaches one percent below the assignment, Districts should send written request for a larger assignment to their Performance Management liaison.

Subject: Participation Target

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: As part of the Office of Family Health Services Memorandum of Agreement for each state fiscal year, each health district will be given a target participation number. This number represents the number of clients the district is expected to see so that the funding allocation is given.

Reference: CFR §246.7

Procedure:

5. Actual participation will be compared to the target on a monthly basis.
6. For every month in which the District's participation exceeds the target, the District will generate additional funds on a per participant basis. Such funds will be distributed at mid year and other times as necessary in order for them to be expended in the year in which they are earned, so far as possible.
7. The actual dollar amount generated per participant will be set each year based on available funds. Payments may be suspended at any time funds become unavailable and District's will be notified of such a change.
8. Districts may increase above their target only as far as allowed by caseload assignment.

Subject: Freeze on Enrollment

Effective Date: August 1, 2001

Revised from: July 1, 2001

Policy: The State WIC Office may discontinue WIC benefits to a participant category due to funding shortages.

Reference: CFR §246.7

Procedure:

3. Applicants in a category for which there is a freeze on enrollment should not be enrolled or placed on a waiting list.

Exception: Migrants and transfers with valid WIC Transfer Cards may be enrolled for the remainder of the certification period indicated on the WIC Transfer Card.

4. Issue a Letter of Ineligibility, WIC-315.

Subject: Waiting Lists

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: A Local Agency must notify the State WIC Office when maximum participation is reached and may be required to maintain a waiting list.

An applicant must be notified of their placement on a waiting list within 20 calendar days of the request for WIC benefits.

The CPA shall apply the priority system to the waiting list to ensure that the highest priority persons are served first. Migrants, homeless and participants with valid VOC cards must be placed ahead of all other applicants on the waiting list.

Reference: CFR §246.7

Procedure:

7. Determine categorical, residential, financial and nutritional eligibility for each applicant.
8. Place each applicant on the appropriate waiting list for their assigned priority.
9. Explain the waiting list policy and procedure to the applicant.
10. Issue the Letter of Ineligibility, WIC-315.
11. Refer the applicant to other medical or social service programs (e.g., Food Banks, Food Stamps, Salvation Army.)
12. As openings become available, the CPA must enroll applicants assigned the highest priority according to the length of time on the waiting list.
 - c. Contact the applicant by telephone or by mailing the Waiting List Recall Postcard, WIC-365.
 - d. Inform the applicant that s/he must return to the Local Agency. The Local Agency must:
 - collect medical data, if expired
 - provide basic nutrition education
 - c. If the applicant does not return to the Local Agency within 10 calendar days of notification, his/her name must be removed from the waiting list and the next eligible applicant should be notified.

Subject: State Funding Principles: Overview

Effective Date: August 1, 2002

Revised from: July 1, 2001

The Virginia WIC Program receives funding from the U.S. Department of Agriculture on a federal fiscal year basis (from October 1 through September 30). Local Health Districts are funded on a State fiscal year, but do have reporting requirements relative to the Federal fiscal year. Local Health District funds are allocated effective July 1 of each year. Change in the federal budget for the year beginning October 1 may require adjustments to the initial allocation.

Subject: District Allocations

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: Local Health District funding is established by the Office of Family Health Services after recommendation from the Local Health District Allocation Task Force. The current formula has the following components:

- Base budget
 - \$27,171 per district
 - \$2718 per full time site equivalent (determined by adding hours of part time sites)
 - Percentage share of \$163,011 mileage funds based on the previous year's travel
- Participation factor
 - Based on average participation for the last year or the most recent month available, whichever is higher. Includes the Northern Virginia differential of 13.5%.

Subject: District Budget Category Allotments

Effective Date: August 1, 2002

Revised from: July 1, 2001

Annual Local Health District allocations will be broken down as to administration, nutrition education and breastfeeding spending requirements. Breastfeeding amounts are allocated based on Virginia's allocation at the national level. The breastfeeding amounts are minimums, and Districts are free to spend nutrition education funds for authorized breastfeeding activities. Nutrition education allocations represent one-fifth of total funds allocated to the district. These nutrition education funds are also minimums, and while administrative funds may be spent on nutrition education above the minimum, this is not encouraged beyond minimal amounts. This is necessary to ensure that adequate funding is available for all administrative requirements.

Subject: Fiscal Year Conversion

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: The WIC Program converts federal funding to a state fiscal year basis. Districts are required to spend a proportionate (25%) amount of their yearly allocation in the first quarter of the State fiscal year. Obligations and expenditures still must be accounted by federal fiscal year in that

6. Goods received or services rendered before September 30, but not paid for until after September 30 must be charged to the year in which they were ordered.
7. Goods or services ordered prior to September 30 but not delivered until after this date must be designated by prior federal year expenditure codes for such purchases/orders.
8. By October 31 of each year, Districts must submit to the State WIC office a written report of all outstanding encumbrances for the prior federal fiscal year. These reports will represent maximums Districts will be allowed to charge to that year.
9. No charges (or transfers) can be made against a prior federal fiscal year after December 31 of the following fiscal year.
10. Funds may only be obligated/spent to meet a legitimate need arising in or continuing to exist in the fiscal year for which appropriations are made. Where a purchase or obligation is made toward the end of the fiscal year and it is clear from the facts and circumstances that the need relates to the following year, that expenditure does not meet the legitimate need criteria. Districts are allowed to maintain a legitimate inventory of common use items, such inventory being limited to a three month supply maximum.

Subject: Shared Purchases/Expenses

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: When purchases/expenses are to be shared by various funding sources, the cost of these purchases must also be shared. Examples of such expenditures include but are not limited to rent, telephones, scales, etc.

Procedure:

3. Submit justification and allocation plan for these shared costs to State WIC Office for approval prior to expenditure. Allocation plan must include all programs and sources of funds as well as the basis for the allocation.
4. Maintain a file copy of approval letter with the invoice at the Local Agency.

Subject: Allowable District Spending Costs

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: Districts may use WIC funds in support of general administration, nutrition education and breastfeeding in amounts agreed upon in each year's MOA attachment.

Reference: CFR §246.14

ADMINISTRATION

The cost of Program certification, nutrition assessment and nutritional risk determination, and check issuance including:

14. Salary and related costs
15. The cost of facilities and associated utilities used for WIC purposes.
16. Laboratory fees for no more than two hematological tests for anemia per participant per certification period
17. Expendable medical supplies
18. Medical equipment used for assessing hematological status and taking anthropometric measurements
19. The cost of outreach services
20. The cost of translators and interpreters
21. The cost of fair hearings
22. Where approved, the cost of transporting rural participants to clinics.
23. The cost of monitoring and reviewing Program operations
24. The cost of screening for drug and other substance abuse
25. The cost of travel and training where associated with continuing education and/or membership in the National WIC Association (including committees).
26. The cost of membership for a Local Agency in the National WIC Association.

Subject: Allowable District Spending Costs

NUTRITION EDUCATION

The cost of nutrition education (including counseling at the time of certification) including:

12. Salary and related costs
13. Educational materials such as handouts, flip charts, videos, food models or other teaching aids
14. Equipment used in the provision of nutrition education including but not limited to VCR's, projectors, etc.
15. Postage for mailing educational materials if checks are mailed according to policy.
16. Training NEd educators (who include professional staff and staff who have completed the required training modules in order to provide low risk education) to ensure competent staff and quality services are provided.
17. Evaluations of NEd programs
18. Monitoring NEd activities
19. The cost of translators and interpreters
20. Cost of space dedicated to the provision of nutrition education.
21. Collaboration with Head Start, EFNEP, etc. regarding nutrition education.
22. Teaching aids that support nutrition education and/or breastfeeding messages in an approved Nutrition Services Plan and for which prior written approval has been obtained from the State Office.

BREASTFEEDING (BF)

The cost of breastfeeding consultation, volunteer organizing, peer counselors, plan development and education including:

10. Salary and related costs
11. Breastfeeding educational materials

Subject: Allowable District Spending Costs

12. Training for BF educators, including costs related to conducting training sessions and purchasing/producing materials. The new standards of care developed by the BF Advisory Committee specifies all WIC staff should complete annual training (and have BF in their EWP).
13. Cost of clinic space devoted solely to BF educational activities, including space set aside for breastfeeding WIC infants.
14. Breastfeeding aids (breast shells, nursing supplementers, nursing pads and bras, etc.) which directly promote and/or support the initiation and continuation of breastfeeding. This includes manual breast pumps, but specifically excludes any type of electric pumps as these are centrally purchased by the State from food funds.
15. Costs of monitoring and evaluating BF activities
16. Travel and related costs incurred by WIC staff to conduct BF activities or attend training.
17. Cost of reimbursable agreements with other organizations, public or private, to undertake training, and direct service delivery to WIC participants concerning BF.
18. Costs of promotional campaign/items (print, radio, television) aimed at a general audience concerning nutrition or breastfeeding are allowed only if materials can legitimately be used with WIC participants in an education context and District has obtained prior written approval from the State WIC office.

Subject: Unallowable District Spending Costs

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: Districts may not use WIC funds for any of the following:

13. Bad debt
14. Contributions and donations
15. Entertainment
16. Fines and penalties
17. Interest and other financial costs
18. Any expenses which personally benefit employees (working lunches, awards, gifts)
19. Expenses to purchase or administer vaccines
20. Expenses to provide for blood lead testing
21. Charges for food to object code 1362 (State Food Account)
22. Bottled water is unallowable. If a Local Agency has a temporary problem with a building's potable water and the system is shut down, temporary purchase of bottled water would be allowed.
23. Gifts or incentives designed to *reward* breastfeeding, nutrition education or participation in the WIC Program. Includes, bags, cups, T-shirts, buttons, infant slings, ponchos, diaper bags, etc. (If considered teaching aid, see ADM: 03.5) Outreach items will be developed and purchased at the State office for use in local outreach efforts, and as such are not allowable expenses of the District.
24. Any items that require written approval by the State WIC Office or USDA for which prior written approval was not obtained.

Exception: If food is purchased for nutrition education or breastfeeding classes, you should charge it to object code 1374 – Educational/Training Supplies. Use of food must be documented in the approved District Nutrition services plan, or the expenses will be disallowed.

Subject: Time & Effort Reporting

Effective Date: August 1, 2002

Supersedes: July 1, 2001 Revision

Policy: All staff providing WIC services must complete a quarterly Time and Effort report according to VDH procedures. These reports are mandatory for all salaried/hourly employees funded in total or in part by federal funds, and for all district health department staff providing client services or having direct client contact.

Procedure:

11. Timesheets are completed for one monthly period a quarter as scheduled for the worksite where an employee is assigned.
12. Time reported should reflect time actually spent, and not times projected.
13. An employee should not submit more than four months of time recording for a year's period.
14. Overtime hours should be reported if paid.
15. "Free" or unpaid time should not be reported.
16. Compensatory time shall be reported as non-direct service time.
17. Annual leave shall be reported as non-direct service time.
18. Salaried employees should report time in two pay periods; the 10th through the 24th, and the 25th through the 9th of the following month in the form TA2a.
19. Wage employees should report time in two pay periods: the 1st – 15th, and 16th – the end of the month.
20. WIC time must be correctly identified in one of three categories:

General Program Management Time and Effort Code 130

C. Administration is time spent in:

- program monitoring
- prevention of fraud
- general oversight

Subject: Time & Effort Reporting

- food benefit accountability
- outreach
- maintaining fiscal and program reports, and
- clerical support

D. Client Services is time spent in

- determining categorical, residential and income eligibility for services
- conducting diet and health assessments and determine nutritional risk required in the certification process *
- issuing food benefits and explaining their use
- referring m clients to other health care and social services
- coordinating services with other programs

C. Nutrition Education (Time and Effort Code 131) is time spent in:

- explaining the relationship of nutrition to good health *
- educating clients as to steps to take to correct personal nutrition deficiencies *
- providing individual or group follow-up education sessions
- travel and training for staff who plan and/or conduct nutrition education
- developing or procuring nutrition education materials
- interpreting or translating nutrition education services or materials
- evaluating and monitoring nutrition education services

D. Breastfeeding (Time and Effort Code 134) is time spent:

- promoting and supporting breastfeeding

Subject: Time & Effort Reporting

- encouraging continuation of breastfeeding
- developing/ procuring, printing and distributing materials devoted to breastfeeding education and support; and
- training staff to provide the above

* Please note that only that part of the certification visit dedicated to counseling in response to identified nutritional risk is counted as nutrition education. The certification process itself is administrative time.

Non Direct service time should be coded to Time and Effort Code 999 when the employee's efforts cannot be related to a specific program. Examples include leave and holidays (salaried employees only), compensatory time off, training, travel time, etc. When training or travel is directly related to a specific program, the time should be charged to that program.

Subject: Capital Expenditures, Equipment Computer Purchase Requirements

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: All capital expenditures made utilizing allocated federal WIC funds must be coordinated with the WIC State office in order to meet federal approval requirements and assure control of assets and inventory.

- In general, computer purchases will be centralized at the State WIC office and made from central office funds. Purchase of any computer equipment or software utilizing local WIC funds requires prior written approval from the State WIC office.
- Purchase of capital assets, such as real estate and improvements to facilities using WIC funds require prior written approval from the State WIC office.
- Purchases of non-computer equipment with a cost of more than \$500 requires prior written approval from the State office. Purchases of equipment with a purchase cost of less than \$500 but a life of greater than one year should be reported in writing to the State WIC office within 30 days of their purchase. This would include but not be limited to Hemocue machines, TV/VCR's, scales, etc.

**Reference: 7 CFR 3016.3; 7 CFR 3016.31; 7 CFR 3016.32;
7 CFR 3016.36; FNS Handbook 901**

Procedure:

3. For items requiring pre-approval, Districts must submit a written justification for the purchase along with a copy of the purchase requisition to the State WIC Office prior to purchase. Districts will receive written approval/denial in response to all requests. If the purchase requires USDA approval, this will be obtained by the State WIC office prior to responding to the District. Documentation of request/approval must be kept at the District office for audit purposes.
4. For items requiring subsequent notification, send a copy of the purchase order and invoice to the State WIC office. If USDA requires notification, the WIC State office will handle this. Copies of the approval/disapproval notification must be kept at the District level for audit purposes.

Subject: Building Space/Rental Cost

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: The cost of space in privately or publicly owned buildings used for the benefit of the WIC Program is an allowable expense. The total cost of space may not exceed the rental costs of comparable space and facilities in a public/private owned building in the same locality.

- Charges should be determined on the basis of actual costs (including depreciation based on the useful life of the building, interest paid or accrued, operation and maintenance).
- Charges to WIC must be based on square footage used by the Program. All other federal programs must be charged using the same rate. A written allocation plan must on file for audit purposes.
- The cost of space procured for WIC usage may not be charged to the Program for periods of non-occupancy without prior authorization from the State WIC office.
- No rental charges will be for purchases or construction that were originally financed by the WIC Program.
- Costs incurred for rearrangement and alteration of facilities required specifically for the WIC Program or those that materially increase the value or useful life of the facilities are allowable when pre-approved by the State WIC Office and USDA.

Subject: Fiscal Record Keeping: General Guidelines

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: All financial operations, equipment purchases and inventory, and personnel actions are to be in accordance with established state policy as explained in the DAMM and both State and VDH Personnel Policy and Procedure Manual.

Subject: Commonwealth Accounting and Reporting System Reports (CARS)

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: The State WIC Office will distribute WIC Administrative Expenditure Reports to the district to show the State fiscal year budgets and the monthly and year-to-date expenditures.

Procedure:

5. CARS reports show State fiscal year (July 1 – June 30) budgeted amounts and expenditures.
6. Monthly expenditures on the CARS reports must be reconciled to the total expenditures for the month shown on the WIC Administrative Expenditure Report.
7. USDA funds WIC on a federal fiscal year basis from October 1 through September 30.
8. Expenditures may be charged to a prior fiscal year after September 30.
 - To be charged to a prior fiscal year budget, WIC expenditures must have a purchase order or invoice dated before September 30 and must clear the CARS reports by December 31.
 - This includes Agency Transaction Vouchers (ATV's), Inter-Agency Transactions (IAT's) and accounting vouchers.
 - Orders placed or invoices with dates beyond September 30 should be charged to the new Federal fiscal year.

Subject: Nutrition Services Plan

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies shall develop an annual *Operations, Nutrition Services, and Outreach Plan* (plan) that is consistent with the State's nutrition plan. In order to obtain authorization and funding to provide local WIC Services, the Virginia Department of Health (VDH) Health Districts must reapply annually.

The annual plan shall adhere to State guidance and be submitted by the specified date. The plan shall be submitted as part of the Health District's Memorandum of Agreement (MOA) with the Office of Family Health Services (OFHS) each year.

Local Agencies shall integrate their plans into other health department services and agency plans. Local Agencies shall share appropriate components of their plans with their partners, including other public and private organizations.

Reference: CFR §246.11

Procedure:

5. An application package is provided to all Health Districts in March of each year.
6. The Health District will submit its plan and it shall include the district's goals for Operations, Nutrition Services, Outreach and as well as the projected budget for the fiscal year.
7. The State Agency shall enter into a signed written MOA with each Health District.
8. The revised plan and budget shall be approved by OFHS.

Subject: Participant Feedback

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies shall annually survey 5 per cent of their WIC participants on nutrition education and breastfeeding promotion and support activities and incorporate the findings into the district *Nutrition Services Plan*. To collect participant feedback, Local Agencies shall conduct written or telephone surveys, focus groups or exit interviews. The information gathered shall include participants' nutrition education interests, preferred methods of delivering education, satisfaction with services provided and behavioral changes as the result of nutrition education. The Local Agency shall submit a summary of the participant feedback to the State Nutritionist within 60 days of gathering the information.

Subject: District Reviews

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: The State WIC Office will monitor district WIC Programs using the state monitoring tool (see Appendix K –27 thru K-35) every two years from the date of the previous review. A minimum of 20 percent of the clinics in each Local Agency or a minimum of one clinic, whichever is greater must be monitored.

The State WIC Office monitoring team will review the district's financial operations, program operations and nutrition services. The monitoring will consist of interviews, observation and chart reviews to assess separation of duties, financial compliance, certification procedures, food package prescription, nutrition education, check issuance and security, accountability, record maintenance, civil rights procedures, staffing and training, caseload management, referrals and outreach. (CFR §246.19)

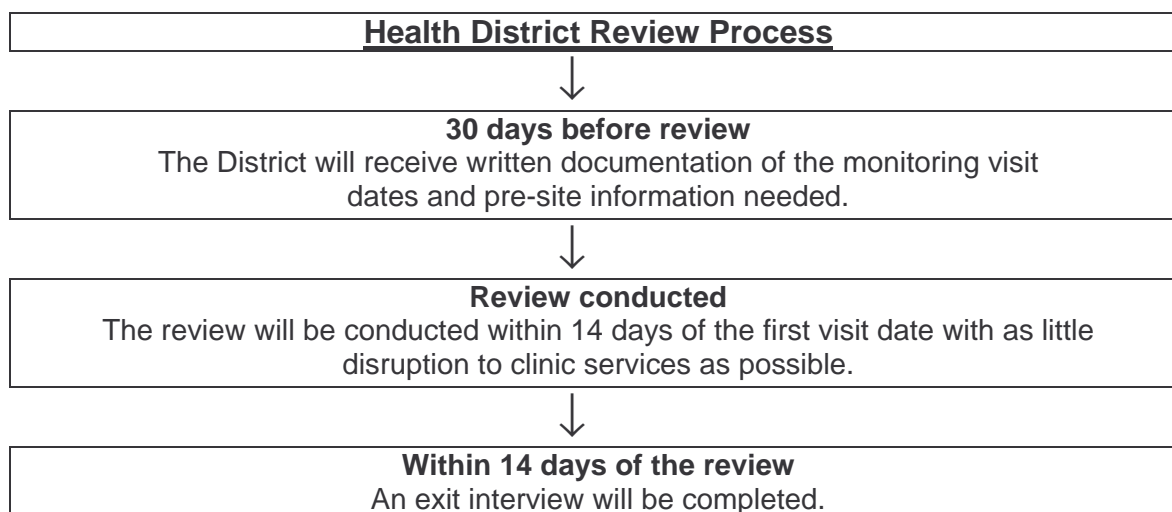
The District shall self-monitor WIC Program performance and nutrition services biennially using the State's monitoring tool in the years that the state review is not conducted (see Appendix K-27 thru K-35). A minimum of 20 percent of the clinics in each Local Agency or a minimum of one clinic, whichever is greater must be monitored.

The Virginia Department of Health's Office of Information Management (OIM) is responsible for all MIS security reviews of the agency at both state and local office levels. These reviews will be conducted at least bi-annually as required by Handbook 901 and Handbook 701.

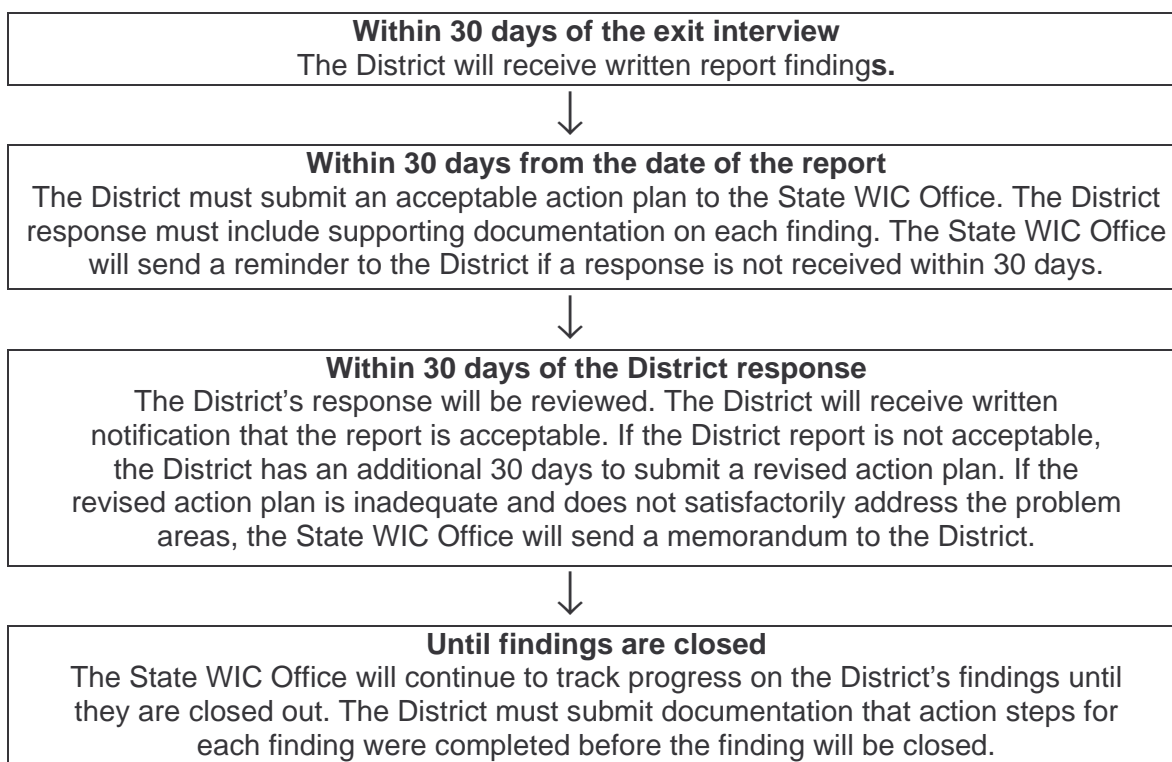
Reviews will not be used to impose financial penalties.

Procedure:

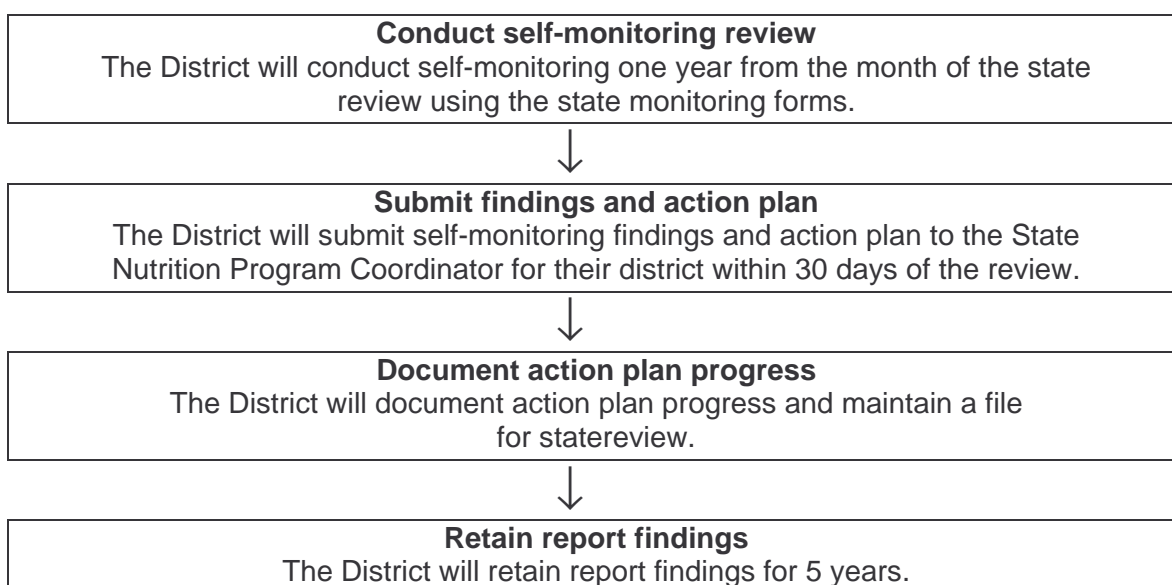
3. Follow State review process below:



Subject: District Reviews



4. Follow local review process below:



Subject: Audits

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: To ensure the integrity of WIC Program operations, Local Agencies will be audited by the:

- Auditor for Public Accounts (APA)
- USDA (Office of Inspector General and STAR Reviews)
- State WIC Office
- Division of Internal Audit

Audits may be conducted with or without prior notification. Audits may be used to impose financial penalties.

Reference: CFR §246.19

Subject: Nutrition Services Evaluation

Effective Date: August 1, 2002

Supersedes: July 1, 2001 Revision

Policy: The State agency shall conduct a nutrition services evaluation of each Local Agency (health district) at least once every two years from the date of the previous review. The review shall include on-site reviews of a minimum of 20 percent of the clinics in each Local Agency or one clinic, whichever is greater. The evaluation will consist of interviews, observation and chart reviews to assess nutrition eligibility (e.g., collection of medical data and the assignment of nutrition risk criteria) and the delivery of nutrition services (e.g., nutrition education requirements and methods of delivery, food prescriptions, staff qualifications and training).). See Appendix 5 for the State *Nutrition Services Evaluation Tool*. The State agency may conduct additional on-site reviews if determined necessary. Evaluations will not be used to impose financial penalties.

The Local Agency shall conduct a self-evaluation of nutrition services every two years using the State's approved evaluation tool in the years that the state review is not conducted. See Appendix 5 for the State *Nutrition Services Evaluation Tool*. A minimum of 20 percent of the clinics in each Local Agency or a minimum of one clinic, whichever is greater must be reviewed. Local Agencies shall submit the findings of the self-evaluation and a corrective action plan to the State Nutritionist assigned to their health district within 30 days of the evaluation. Local Agencies shall document progress made on the corrective action plan and maintain this documentation in a file for 5 years for State review.

Reference: CFR §246.19

For more detailed information on the monitoring process, see Policy: ADM: 04.1.

Subject: Program Abuse and Sanctions

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: The State WIC Office determines Program abuses and sanctions that may be issued to applicants, participants or payees. Sanctions are based on the severity of the abuse and may range from a warning letter to disqualification from the Program for one year.

When more than one abuse is involved at a time, the sanction shall be based on the more serious abuse.

If an abuse occurs more than 12 months after the last abuse, the Local Agency shall process the abuse as a first offense. When more than three (3) abuses in a 12-month period occur, the Local Agency must issue a three (3) month temporary disqualification.

The State WIC office must disqualify the participant for one year for claims of \$100 or more, dual participation, or a second or subsequent claim of any amount.

An infant or child participant cannot be disqualified if the payee commits abuse. See sanction restrictions for infants and children.

The sanction restriction for an infant or child participant does not apply when deliberate misrepresentation to obtain WIC benefits or dual participation is documented.

Sanction restrictions for infants and children do not apply to adult participants.

A disqualified participant shall be given the opportunity to appeal the disqualification. See Fair Hearing Policy PRR 06.0 – PRR 06.2 and procedures.

Program abuses and assigned sanctions are as follows:

Subject: Program Abuse and Sanctions

ABUSE	NUMBER OF OFFENSES	SANCTION
Class I		
Any deliberate misrepresentation of income, name, residence, family size, medical data, or date of birth to obtain WIC benefits	All	Three month disqualification
Dual participation – redeeming checks from two programs/agencies in same month	All	One year disqualification
Assessed claim for \$100.00 or more	All	One year disqualification
Assessed second or subsequent claim for any amount.	2 nd or subsequent	One year disqualification
Attempting to steal or actually stealing checks from the Local Agency or another participant, if under a \$100.00	All	Three month disqualification
Selling, exchanging or giving away checks, food, or formula	All	Three month disqualification
Redeeming WIC checks reported as lost or stolen, if under a \$100.00	All	Three month disqualification
Attempting to redeem or redeeming WIC checks for non-food items (i.e., diapers, wine, cigarettes)	All	Three month disqualification
Physically abusing the WIC or store staff [An incidence of physical abuse of WIC or store staff/property should be reported to the police]	All	Three month disqualification
Accepting cash or credit from a store in Connection with a WIC transaction	1 st	One month disqualification
	2 nd	Two month disqualification
	3 rd	Three month disqualification
Alteration of WIC checks (includes date, Quantities, types of food)	1 st	One month disqualification
	2 nd	Two month disqualification
	3 rd	Three month disqualification

Subject: Program Abuse and Sanctions

ABUSE	NUMBER OF OFFENSES	SANCTION
Class II		
Creating a public nuisance at the Local Agency or the store (i.e., verbally abusing, harassing, or threatening WIC or store staff, destroying store merchandise, or disrupting normal Local Agency or store activities).	1 st	Warning letter
	2 nd	Two month disqualification
	3 rd	Three month disqualification
Attempting to redeem or redeeming WIC checks for unauthorized food, formula or food amounts	1 st	Warning letter
	2 nd	Two month disqualification
	3 rd	Three month disqualification
Allowing unauthorized person(s) to use the WIC ID Folder to pick-up and/or redeem WIC checks	1 st	Warning letter
	2 nd	Two month disqualification
	3 rd	Three month disqualification
Deliberately damaging or destroying WIC Checks.	1 st	Warning letter
	2 nd	Two month disqualification
	3 rd	Three month disqualification
Redeeming WIC checks before or after valid spend dates	1 st	Warning letter
	2 nd	One month disqualification
	3 rd	Two month disqualification
Attempting to redeem or redeeming checks at Unauthorized stores	1 st	Warning letter
	2 nd	One month disqualification
	3 rd	Two month disqualification

Subject: Program Abuse and Sanctions

Reference: CFR §246.7 and CFR §246.12

Procedure:

13. To report alleged Program abuse, complete the Complaint Form (Side B), WIC-345 and mail it with any supporting documentation to the State WIC Fraud and Abuse Coordinator for review/investigation.
14. The State WIC Fraud and Abuse Coordinator will investigate and notify the Local Agency if abuse was committed.
15. If abuse is confirmed by the State WIC Fraud and Abuse Coordinator, the Local Agency must discuss the abuse with the participant/payee and issue a warning or disqualification letter, whichever applies.
 - c. The warning letter must include:
 - Participant/payee's name,
 - Date and description of abuse,
 - Correct procedure to follow, and
 - Local Agency signature, title and date.
 - d. The Disqualification Letter (WIC-393) must be sent by certified mail or hand delivered.
 - Procedures for a fair hearing must accompany the Disqualification Letter.
 - A participant must have 15 days notice before being disqualified from the Program.
16. Participants who appeal Program disqualification within 15 days of the notification date will continue to receive WIC benefits until the hearing decision is made or the certification period expires, whichever comes first.
 - c. If the decision is unfavorable, the participant will be disqualified from the Program for the specified time.
 - d. Follow WIC Net procedures for suspension of benefits.
17. Sanction Restrictions for Infants and Children.
 - d. When the payee commits a Class I abuse, issue the sanction assigned to the abuse.

Subject: Program Abuse and Sanctions

- Assign a new payee to the infant/child participant.
- Issue the new payee a WIC ID folder. Provide appropriate education and shred the ID folder with the original payee's name. Document in the participant's record.
- Notify the state WIC Fraud and Abuse Coordinator

e. When the payee commits a Class II abuse, issue a warning letter.

- If the payee commits more than three (3) abuses in a 12-month period or the abuse results in disqualification from the program, a new payee must be assigned to the infant or child participant.
- Issue the new payee a WIC ID folder. Provide appropriate education and shred the ID folder with the original payee's name. Document in the participant's record.
- Notify the state WIC Fraud and Abuse Coordinator

18. Applicant Abuse:

- d. Program abuses and assigned sanctions may also be issued to abusive applicants.
- e. Issue a Letter of Ineligibility (WIC-315) to abusive applicants. See Forms Chapter for instructions.
- f. Abusive applicants can be denied the right to reapply for a period up to 3 months.

19. Proxy Abuse:

- b. The participant/payee is responsible for the actions of the proxy(s). In cases of abuse by a proxy, disqualify the proxy and issue a warning letter to the participant/payee. A new proxy may be named, if requested.

20. Reinstatement of WIC benefits:

- c. A disqualified participant may receive or reapply for WIC benefits at the end of the disqualification period.
- d. If the certification period has not expired, immediately contact the participant and schedule nutrition education/check pick-up.
- f. If the certification period expired, recertify the client in WIC Net with new medical data.

Subject: Program Abuse and Sanctions

21. Mandatory disqualification

- d. Except as provided in paragraphs (2) and (3) of this section, whenever the State WIC office assesses claims of \$100 or more, dual participation, or a second or subsequent claim of any amount, the State WIC office must disqualify the participant for one year.
- e. Exceptions to mandatory disqualification. The State WIC office may decide not to impose a mandatory disqualification if:
 - within 30 days of receipt of the letter demanding repayment, full restitution is made;
 - a repayment schedule is agreed to in writing;
 - or, in the case of a participant who is an infant, child, or under age 18, the State WIC office approves the designation of a proxy.
- f. Terminating a mandatory disqualification. The State WIC office may permit a participant to reapply for the Program before the end of a mandatory disqualification period:
 - if full restitution is made or a repayment schedule is agreed upon; or
 - in the case of a participant who is an infant, child, or under age 18, the State WIC office approves the designation of a proxy.

22. Warnings before sanctions

The State WIC office may provide warnings before imposing participant sanctions, except under mandatory disqualification.

23. Fair hearings

At the time the State WIC office notifies a participant of a disqualification, the State must advise the participant of the procedures to follow to obtain a fair hearing pursuant to CFR 246.9.

24. Referral to law enforcement authorities

When appropriate, the State WIC office must refer vendors, home food delivery contractors, and participants who violate program requirements to Federal, State, or local authorities for prosecution under applicable statutes.

Subject: Dual Participation

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: No participant shall receive benefits in two or more WIC programs or under two or more identities. Such dual participation is a form of program abuse and as such is subject to sanctions. Program benefits obtained or disbursed improperly will result in a claim against the participant for the full value of such benefits.

Definitions:

- The *terminating Local Agency* is that agency in whose district the participant does not/no longer reside(s), or is participating under a false identity or address.
- The *sanctioning Local Agency* is that agency in whose district the participant currently resides and is participating under his/her true identity and address.
- The terminating and sanctioning Local Agencies may in some cases be the same.

Procedure:

5. The State WIC Office will conduct a quarterly audit of Program participation and notify the Local Agency(ies) concerned in cases of possible dual participation.
6. The Local Agency will investigate the matter.
7. The Local Agency will report its findings to the State WIC Office. If abuse is confirmed by the State WIC Office
 - c. The terminating Local Agency shall issue a Letter of Ineligibility (WIC-315) and complete a Terminate WIC-307, using Termination Code G.
 - d. The sanctioning Local Agency shall discuss the abuse with the participant and impose sanctions forthwith, in accordance with Policy ADM 05.0.
8. The State WIC Office will establish the claim against the participant.

Subject: Collection of Improperly Issued Benefits/Claims against Participants

Effective Date: August 1, 2002

Policy:

The State agency will establish a claim against the participant for the full value of such benefits improperly obtained or disposed of and any fees or additional expenses incurred. These improper acts include but are not limited to, inaccurate certification information, dual participation violations, proxy abuses, retention of future checks after being disqualified or program abuses as defined by policy or regulatory statute.

Reference: CFR 246.7(J)(7), CFR 246.23 (c)(1)

Procedure:

- C. The participant who defrauds or abuses the Program will be liable for prosecution under Federal, State or local laws when appropriate. The Local Agency shall report findings of possible fraud or abuse to the State's WIC Fraud and Abuse Coordinator for consultation, review and resolution.
- D. The State's WIC Fraud and Abuse Coordinator will report findings to the appropriate Federal USDA office if required.
5. For all claims, the State agency will issue a letter demanding repayment. The letter will:
 - g. Be certified with return receipt requested and also a copy sent through first class mail to the record on file.
 - h. Also be mailed to any other address associated with the client in the file, any other address discovered through subsequent investigations, and addresses of all proxies.
 - i. Clarify the reasons for the claim and the value of the improperly issued benefits, which must be re-paid.
 - j. Inform the participant that s/he has 15 days from receipt of the letter to contact the State agency.
 - k. Inform that failure to pay the claim may result in disqualification for future program benefits.
 - l. Advise the participant of the procedures to follow to obtain a fair hearing, pursuant to the State's Policy Manual PRR 06.1. The timeframes noted in section PRR 06.2 do not apply in these situations.

Subject: Collection of Improperly Issued Benefits/Claims against Participants

6. If full restitution is not made or a repayment schedule is not agreed on within 30 days of receipt of the letter, the State agency will take legal collection actions until restitution is made or a repayment schedule is agreed upon, unless the State agency determines that such collection actions would not be cost-effective.
7. The standard for determining that collection actions are no longer cost-effective will weigh the amount of the claim against the cost of reclaiming the program benefits. This cost of reclaiming will include time and effort of the state or Local Agency, as well as collection and legal cost.
8. The State agency will determine whether disqualification of the participant is required by the Mandatory Disqualification Section of the Policy Manual (See Section ADM 05.0). If the State agency assesses a claim(s) of \$100 or more, dual participation, or assess a second or subsequent claim of any amount, the State agency must disqualify the participant for one year.

Types of restitution:

3. In lieu of financial restitution, the State agency may opt to allow participants, parents or caretakers of infant or child participants for whom financial restitution would cause undue hardship to provide restitution by performing in-kind services approved only by the State agency.
4. Restitution may not include offsetting the claim against future program benefits, even if agreed to by the participant or the parent or caretaker of an infant or child participant.

Disposition of claims:

2. The State agency will document the disposition of all participant claims.

Delegation of claims responsibility:

2. The State agency may delegate to its Local Agencies the responsibility for collecting participant claims under the supervision and monitoring by the State agency.

Subject: Separation of Duties

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: To prevent fraud or abuse, Local Agencies will ensure that there is separation of duties between the certification and food check issuance process. A minimum of two staff members must be available to complete the certification process and issue food checks to a participant.

Local Agencies must ensure that no conflict of interest exists between a WIC authorized vendor and the Local Agency staff.

Procedure:

To maintain separation of duties:

4. Assign a minimum of two staff members to complete the certification and check issuance process at the initial certification and re-certification visit. The CPA who prescribes the food package cannot issue food checks to the same participant.
 - b. At follow up nutrition education visits separation of duties is required. If a food package change is needed during a follow up nutrition education visit, the staff member that makes the change in the food package may not issue checks to that participant.
5. An employee who is a WIC participant, proxy or family member of a participant cannot complete the certification process and issue food checks for themselves, their family members or person(s) for whom they are acting as proxy.
 - d. The employee cannot issue or complete the following (or portions of the following):
 - Eligibility screening (categorical, financial, residential, or proof of identity)
 - Letter of ineligibility (WIC-315)
 - Participant Rights and Responsibilities (WIC-310)
 - Request for WIC Proxy (WIC-314)
 - WIC Transfer Card
 - WIC food instruments (checks)
 - WIC ID folder

Subject: Separation of Duties

- e. Two other staff members must complete the certification and food check issuance process and provide the above documents for the employee, his/her family, or the person for whom the employee is proxy.
 - The employee shall not have access to his/her record or a family member's record.
 - The record may be reviewed in the presence of another employee upon receipt of a written request.
 - f. Local Agency must keep a file of employees who are or who have a family member on the WIC Program. This must be made available to federal or state auditors for review.
 - If a WIC employee's immediate family owns a WIC-authorized store or an employee works at a WIC-authorized store, s/he cannot complete the certification process and issue food checks. S/he may complete the certification process or issue food checks, but not both.
6. If the Local Agency does not have sufficient staff to implement the above policy, the district director or designee must conduct a quarterly review of the certification and food check issuance process. The district director or designee must maintain on file at the Local Agency documentation including the review date, reviewer's names, findings and follow-up action, if necessary, associated with the review. The following should be used to review separation of duties:
- f. At least quarterly, review certification information to verify that only eligible applicants have received WIC benefits. Document appointment date and type, client/family ID number and relationship to the employee certifying and issuing food checks.
 - g. When problems are detected, the district director or designee must take immediate action to resolve the problem. This includes notifying the State Office about the nature of the problem and the action steps taken to resolve it.
 - h. Share review findings with staff. Review any problem areas and retrain staff, if necessary.
 - i. File documentation of the review in the Local Agency.

Subject: Civil Rights Compliance

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: The Local Agency shall comply with the requirements of the non-discrimination laws and regulations.

Reference: CFR §246.8

Procedure:

The Local Agency shall:

5. Follow all civil rights policies and procedures established by the State WIC Office.
6. Be knowledgeable of civil rights regulations/materials provided by the State WIC Office.
7. Participate in civil rights training.
 - d. New employees must be trained within 90 days of employment and all others must be trained every 3 years.
 - e. The Local Agency must maintain a training log for monitoring purposes. The State Office will review the training log for civil rights compliance every 2 years.
8. Provide program information in the appropriate language when a significant number of non-English or limited English speaking persons are eligible to be served.
 - c. Significant number is defined as 5% of the population or 1000 participants of the same language, whichever is less.
 - b. Local Agencies must maintain a list of available translators within the agency area.

Subject: Civil Rights Compliance

- f. Program information that should be provided in the appropriate language includes:
- WIC Approved Food List,
 - WIC ID Folder,
 - Participant Rights and Responsibilities (WIC-310),
 - Proxy Form (WIC-314),
 - Letter of Ineligibility (WIC-315),
 - Affidavit Form (WIC-383), and
 - Disqualification Letter for Program Abuse (WIC-393).

Subject: Program Access

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies must make services accessible to all potential eligible people with special emphasis for employed persons, rural residents who may have transportation problems, people with disabilities, and non-English speaking persons.

Local Agencies must schedule appointments for employed individuals who request Program benefits for themselves or on behalf of others if appointments are not normally provided.

Reference: CFR §246.4

Procedure:

4. Improve accessibility by:

- Arranging transportation.
- Conducting evening or Saturday clinics.
- Locating clinics in areas frequently visited by potentially eligible people such as e.g., Hospitals, Social Security offices, Head Start facilities, churches, etc.
- Extending clinic hours, including Saturday clinics.
- Mailing WIC checks (see WIC Checks chapter).
- Scheduling appointments.

5. Follow Local Agency procedures when persons with disabilities are certified, receive nutrition education or need to communicate with staff.

- c. Use the Virginia Relay Center to relay telephone calls to applicants/ participants who are speech or hearing impaired. There is no charge for using the center.
 - To use the center, speech or hearing impaired callers using TTY/TDD, dial 1-800-828-1120. Local Agency staff dial 1-800-828-1140 to access the center.

Subject: Program Access

- A trained communication assistant will explain the process and relay the call in strictest confidence.
 - Local calls are relayed free but there is a charge for long distance calls.
- d. The Virginia Division of Deaf and Hard of Hearing may be able to assist with translation and interpretation. Their phone number is 1-800-552-7917.
6. Use the AT & T Language Line to place or receive a call from a non-English speaking WIC applicant/participant, or in face-to-face situations when a translator is unavailable.
- b. To use the service, dial the toll-free number (1-800-874-9426) provided by the State WIC Office and state the:
- language needed,
 - client's ID number (522021),
 - organization's name (VA WIC Program).

Subject: Outreach

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies must provide WIC Program information to other programs/agencies that serve a high number of potentially eligible applicants.

Reference: CFR §246.4

Procedure:

6. Designate the responsibility of outreach to a specific staff person(s).
7. Identify and provide Program information to programs/agencies such as:
 - Agencies serving the homeless (homeless facilities/institutions)
 - Child birth classes
 - Community health centers
 - Community service organizations
 - Family planning programs
 - Food banks
 - Head Start
 - Health Maintenance Organizations (HMO's)
 - Migrant health centers
 - Obstetricians, Family Practitioners, Pediatricians
 - Planned Parenthood
 - Salvation Army
 - Social Service agencies (AFDC/Medicaid)
 - Women's Shelters

Subject: Outreach

8. Outreach to pregnant women:
 - d. Provide Program information to agencies serving eligible pregnant women.
 - e. Target eligible women in the first trimester of pregnancy.
 - f. Contact pregnant applicants who have missed their certification appointment by telephone or mail and re-schedule another appointment.
9. Outreach to homeless:
 - d. Determine the number and location of homeless individuals in the agency area.
 - Provide Program information to homeless facilities/institutions.
 - Determine barriers to Program participation.
 - e. Establish procedures to provide services to homeless individuals.
 - Establish a referral system between homeless facilities/institutions and the Local Agency.
 - Provide a listing of Local Agencies and homeless facilities/institutions in the area to homeless applicant/participants. The listing must include a contact name, telephone number and address.
 - f. Coordinate services with homeless facilities/institutions to eliminate barriers (e.g., on-site WIC clinics).
10. Outreach to migrants:
 - c. Determine the number and location of migrant farmworkers in the agency area.
 - Provide Program information in the appropriate language.
 - Determine barriers to Program participation.
 - b. Establish procedures to provide services to migrant families.
 - Establish a referral system between agencies serving migrants and the Local Agency.
 - c. Coordinate services with migrant health centers to eliminate barriers (e.g., arrange transportation to Local Agency, conduct on-site WIC clinics).

Subject: Production of Marketing/Outreach Materials

Effective Date: August 1, 2002

Policy: It is the sole responsibility and authority of the state WIC office to produce or approve for production and dissemination any marketing/outreach materials that address, promote, discuss, or otherwise represent the WIC program.

Procedures:

6. Marketing/outreach materials include any information developed for public consumption whether written, video taped, public service announcements (PSA) or other medium that provides marketing/outreach information about or promotes the WIC program
7. The state WIC office will generally provide adequate marketing/outreach materials for use by Local Agencies.
8. If a Local Agency has a concept or developed marketing/outreach material which it believes to be preferable to that provided by the State WIC office, it may submit such materials to the State office for consideration
9. District and Local Agencies must obtain permission from the State WIC office before producing or causing to produce any marketing materials, whether it is written, video, or other medium that provides education about or promotes the WIC program.
10. The District will contact the Marketing Coordinator at the State office to obtain permission.

Subject: National Voter Registration Act

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: Program applicants and participants must be provided the opportunity to register to vote or to change their voter registration in elections for federal and/or state office when applying for or receiving services at the Local Agency.

Procedure:

6. The Local Agency is required to keep forms on hand and provide the following services:
 - d. Distribute registration forms at the time of each certification, recertification or change of name or address, unless the applicant, in writing, declines to register to vote.
 - e. Assist in completing the registration form, unless the applicant refuses assistance.
 - f. Accept and review completed registration forms and forward them to State Board of Elections.
7. The Local Agency is prohibited from the following:
 - Seeking to influence an applicant's political party preference;
 - Displaying any political or candidate preference or party allegiance;
 - Making any statements or taking any action whose purpose or effect is to discourage the applicant from registering to vote; or
 - Making any statement to an applicant or taking any action that leaves the applicant with the impression that a decision to register or not to register has any bearing on the availability of Program services or benefits.
8. Integrate voter registration into the clinic in a manner that minimizes burden and is least disruptive to Program procedures.
9. Keep an applicant/participant's voter registration information confidential.
10. Compliance shall be monitored by the District Director (or designee) and the State WIC Office.

Note: Refer to the Commonwealth of Virginia National Voter Registration Act of 1993 Reference Manual for Agency Personnel for complete policy and procedures.

Subject: Emergency Situation

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies must follow emergency procedures in the event of an emergency situation. Incorporate procedures to continue WIC benefits into the district Office Emergency and Business Recovery Plan. (See Glossary for definition of an emergency situation.)

Procedure:

7. The Local Agency must follow procedures outlined in the district's Office Emergency and Business Recovery Plan when reporting an emergency situation to the District Director.
 - c. The District Director (or designee) contacts the State WIC Office on the Local Agency(ies) operational status by reporting the following information:
 - if assistance is needed,
 - the number of WIC staff and participants affected by the disaster,
 - the extent of damage to service delivery,
 - if Program records/equipment have been damaged or destroyed,
 - the number of WIC vendors closed and if retail purchase is still possible,
 - the estimated number of newly eligible applicants as a result of the disaster,
 - the estimated length of service disruption,
 - if electricity and/or water service has been disrupted, and
 - the safety of the water supply.
 - d. The district director and the State WIC Office will jointly determine whether or not WIC services will continue, be interrupted, or be altered.
8. Protect all Program records, supplies and equipment from possible damage or destruction.
 - Manually back-up client data on the computer system to tape/floppy diskette.
 - Secure manual checkbooks, computer checks and check registers.
 - Secure and/or move computer/medical equipment, supplies and participant records.

Subject: Emergency Situation

9. Follow policy and procedure requirements related to:

- financial eligibility,
- certification and nutrition education,
- prescribing the appropriate food package, and
- check preparation and issuance.

10. Deliver full benefits to participants under emergency situations by following procedures to ensure provision of services.

- Maintain a list of names, addresses, telephone numbers and contact persons for emergency centers in order to coordinate services.
- Coordinate services with emergency centers by providing staff for certification and/or check issuance.
- Establish alternative certification and/or check issuance sites.
- Use mobile equipment to provide certification and/or check issuance.
- Inform participants on how to access WIC benefits.
- Inform potential applicants of WIC Program benefits and availability.
- Provide information on food preparation and safety concerns.
- Issue WIC Transfer Cards to participants who relocate.
- Mail WIC checks to eligible participants.
- Develop or update an alternative emergency food services list.
- Refer participants to alternative emergency food services.

Subject: Emergency Situation

11. Follow evacuation procedures in the event the Local Agency must evacuate the location.

- Manually back-up client data on the computer system to tape/floppy diskette,
- Water proof and secure computer and/or medical equipment, supplies, formula samples, all checks and Program records,
- Notify the State WIC Office that the clinic site is closing, and
- Provide the name, address and telephone number of the employee entrusted with the computer back-up tape and/or floppy diskette.

12. Train Local Agency staff on the emergency procedures and any updates.

Subject: Record Retention

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies are required to retain records concerning program operations in accordance with State and Federal guidelines.

Procedure:

5. Retain WIC-only records 5 years, or until all audits, litigation, claims, or other actions involving the records are resolved.
 - c. Administrative records include:
 - Check issuance and redemption (e.g., computer check registers, manual check books, manual check inventories)
 - Civil rights and fair hearing procedures
 - Equipment purchases and inventory
 - Information on financial operations (e.g., Time & Effort sheets, budget reports, expenditures, vouchers, ATV's, payroll)
 - d. Participant records include:
 - Certification forms (WIC-307)
 - Financial eligibility forms
 - Nutrition eligibility forms
6. Retain integrated records following the Commonwealth of Virginia's records retention and disposition schedule.
 - c. For minors – retain 5 years after the age of majority or 10 years after last treatment, whichever is later.
 - d. For adults – retain 10 years after last treatment.

Subject: Record Retention

7. All records, except participant records (unless they are the only source of certification data), shall be available during normal business hours for representatives of the Department of Comptroller General of the United States to inspect, audit and copy.
8. Destroy records by burning, shredding or pulping.
 - b. Before records are destroyed, the form must be sent to the Library of Virginia.
 - Complete a Certificate of Records Disposal Form, Rm-3. See Appendix 6: Certificate of Records Disposal Form

POLICY: CRT: 01.0

Subject: Eligibility Overview

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: At each certification visit, the eligibility status of an applicant must be determined. An applicant must meet categorical, residential, financial and nutritional risk requirements to be eligible for WIC Program benefits. All participants, to be certified on the WIC program must be physically present during the certification process.

POLICY: CRT: 01.1.1

Subject: Immunization Screening and Referral

Effective Date: October 1, 2002

Policy: WIC State and Local Agencies must ensure that WIC infants and children are screened and referred for immunizations using a documented immunization history.

Procedure:

When a certification visit is scheduled for a child under the age of two, an applicant is:

- Advised that documented immunization records are needed as part of the WIC certification and health screening process.
- Advised to bring the infant/child's immunization documented records to the certification visit.
- Informed that document records include but are not limited to the parent's hand-held immunization record, an immunization registry, an automated data system, or a client chart.

If an applicant is seeking to enroll an infant/child or infants/children under two years of age:

- S/he is asked to provide a documented record of the infant/child's immunization to date.
- All participant rights and responsibilities are explained.
- The infant/child's immunization is screened by counting the number of doses of DTaP (diphtheria and tetanus toxoids and acellular pertussis) vaccine they have received in relation to their age, according to the following table:

By 3 months of age, the infant/child should have at least 1 dose of DTaP.

By 5 months of age, the infant/child should have at least 2 doses of DTaP.

By 7 months of age, the infant/child should have at least 3 doses of DTaP.

By 19 months of age, the infant/child should have at least 4 doses of DTaP.

- If the documented immunization record is not provided by the parent/caretaker; information regarding the recommended immunization schedule appropriate to the infant/child's current age is provided to the parent/caretaker and the parent/caretaker is encouraged to provide the documented immunization record on their (parent/caregiver, or infant/child's) next visit
- When appropriate the parent/caregiver is referred to infant/child's usual source of medical care.

Note: This policy reflects the minimum to be funded by WIC. Districts may have a greater level of screening if performed by Non-WIC staff or if WIC staff is funded by another source.

POLICY: CRT: 01.1

(Page 1 of 2)

Subject: Certification Visit Overview

Effective Date: February 3, 2003

Revised from: October 1, 2002

Policy:

At the certification visit, an applicant is:

- Screened for categorical, residential, financial and nutritional eligibility.
- Required to provide proof of identity, residency, and income.
- Required to bring all participants to the Local Agency. All participants must be physically present at the time of the certification visit to be eligible for WIC program benefits.
- Informed that s/he is eligible/ineligible to receive WIC benefits.

Reference: CFR §246.7(p)

Procedure:

If an applicant is eligible to receive WIC benefits:

- S/he is enrolled into the Program for the appropriate certification period.
- Participant Rights and Responsibilities are explained.
- A food package is tailored to his/her needs.
- Basic nutrition education is provided and a nutrition education appointment is scheduled.
- Referrals are made to appropriate medical or social services.

WIC Policy & Procedures Manual

- A WIC ID Folder is issued.
- WIC checks for the prescribed foods are issued and check usage instructions are provided.
- A proxy(s) is designated, if requested. An individual designated as a proxy should (but is not required) to accompany the participant to the Local Agency and sign all required documents in front of the appropriate Local Agency staff.
- Participant Rights and Responsibilities are explained.

Subject: Certification Visit Overview

Exceptions to Being Physically Present – Reference: CFR 246.7(p)(2)

In accordance with the Federal Americans with Disabilities Act (ADA), the following exceptions apply. The State or Local Agency must grant an exception to applicants who are qualified individuals with disabilities and are unable to be physically at the WIC clinic because of their disabilities or applicants whose parents or caretakers are individuals with disabilities that meet this federal standard. Examples of such situations include:

- Documented medical condition that necessitates the use of medical equipment that is not easily transportable;
- Documented medical condition that requires confinement to bed rest; and
- Documented serious illness that may be exacerbated by coming in to the WIC clinic.

POLICY: CRT: 02.0

(Page 1 of 2)

Subject: Categorical Eligibility

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: An applicant must be a pregnant, breastfeeding, or postpartum woman, infant or child under five years of age to be eligible for WIC benefits.

Reference: CFR §246.2

Procedure:

1. Determine if an applicant is in a category served by the WIC Program:
 - a. Pregnant women: women with one or more embryos or fetuses in utero.
 - b. Breastfeeding women: women up to one year postpartum who are partially or fully breastfeeding an infant.
 - c. Postpartum women: women up to six months after termination of pregnancy, including stillbirth, miscarriage, and therapeutic abortion.
 - d. Infants: persons under one year of age.
 - e. Children: persons who have had their first birthday but have not yet attained their fifth birthday.

2. Accept self-declaration as proof of pregnancy for women not visibly pregnant.
 - a. The participant must provide proof of pregnancy within 90 calendar days of certification.
 - Proof of pregnancy must be documented by a physician or nurse practitioner working under the supervision of a physician.
 - b. Refer the participant to prenatal health services to obtain proof of pregnancy.
 - c. If proof of pregnancy is not provided, the Local Agency must terminate the participant.
3. A breastfeeding woman shall self declare she is partially or fully breastfeeding her infant.
 - a. A woman who is certified as a postpartum (non-breastfeeding) woman who requests breastfeeding benefits after her infant is 6 months old must provide documentation that she is currently breastfeeding from a physician or nurse practitioner working under the supervision of a physician. File documentation in the participant's record.

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Subject: Categorical Eligibility

- b. A woman not previously enrolled in WIC who request breastfeeding benefits, and her infant is more than 6 months old, does not need to provide documentation that she is currently breastfeeding.
- c. Encourage a breastfeeding mother to enroll her baby as soon after birth as possible.
 - Schedule a certification appointment for the mother and baby at the same time, if possible, to enhance compliance.
 - For infants who are hospitalized or otherwise not able to be certified at the same time as the mother, document the reason in the mother's record.
4. If an applicant is not in one of the above categories, issue the Letter of Ineligibility, WIC-315.

POLICY: CRT: 03.0
(Page 1 of 2)

Subject: Proof of Identification

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Applicants must present proof of identification at all certification visits.

Reference: CFR §246.7

Procedure:

1. Request one of the following for proof of identification:
 - Valid Medicaid card/letter
 - Social Security card
 - Driver's license
 - Birth certificate
 - Marriage license
 - Crib card (for newborns)
 - Military records/identification card or discharge papers (DD214)

- Clinic/hospital record or ID
- TANF/Welfare Photo ID
- Refugee settlement papers
- Immigration or Naturalization Record (e.g., green card)
- Passport/Visa
- School records (ID or report card, enrollment or health record)
- **WIC ID Folder (*for infants of WIC mothers and subsequent certifications only*)**

Subject: Proof of Identification

2. Document proof of identification by entering the type of ID presented in WIC Net (e.g., ID - Social Security Card) at the initial certification.
 - a. The WIC ID folder can be used for proof of identity at subsequent certifications.
3. Applicants with no proof of identity such as, a victim of theft, loss, or disaster, a homeless individual, a migrant, an undocumented worker, or emancipated minor, must complete the Affidavit Form, WIC-383.
 - Document why the applicant could not provide proof of identity on the Affidavit Form, WIC-383. File in the participant's record.
 - Any other applicant without proof of identity will have to be rescheduled to return and bring the required proof before benefits can be given.
4. Name changes in the system can only be made if the client brings in new written proof to show the change in name. Such proof may be one of the above as well as a marriage license or other such legal documentation.

Note: The WIC ID Folder may be accepted for infants of WIC participants at the initial certification and at subsequent certification visits for all participants who established identification at the initial certification.

POLICY: CRT: 04.0

(Page 1 of 2)

Subject: Residential Eligibility

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: An applicant must live in the State of Virginia. (A local WIC Program may choose to serve participants who live outside of their health district in cases of hardship.)

Reference: CFR §246.7

Procedure:

1. Applicants must present proof of residency at all certification visits.

- a. Determine the location or address where an applicant or participant routinely lives or spends the night. Residency does not have to be a legal residence and the length of residency cannot be a prerequisite to receiving WIC benefits.
 - b. Proof of residency must be current and include the applicant's name. Proof of residency includes:
 - Utility bills
 - Other business mail
 - Rent or mortgage receipts; lease
 - Drivers license
 - Medicaid Card
 - TANF/Welfare Photo ID
2. Applicants with no proof of residency
- a. Applicants with no proof of residency, such as a member of a homeless or migrant family, undocumented worker, confidential minor, or people with an out-of-state WIC transfer card are exempt from providing proof of residency.
 - Document why the applicant/participant could not provide proof of residency
 - b. All other applicants without proof of residency will have to be rescheduled to return with the required documentation.
3. Document proof of residency in WIC Net. It is not necessary to photocopy proof of residency.

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Subject: Residential Eligibility

4. If an applicant/participant is not a resident of Virginia, issue the Letter of Ineligibility, WIC-315. File the form in the applicant/participant's record. Terminate the applicant/participant.
5. If a health district serves participants who live outside of their geographic area, they should contact the health district where the participant lives to inform them of the situation.
 - a. Complete an In-State Transfer.

POLICY: CRT: 04.1

Subject: Certification of the Homeless/Incarcerated

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies must serve homeless/incarcerated applicants if they meet all eligibility requirements. Facilities/institutions where homeless applicants reside must meet the following conditions:

- The facility/institution does not accrue financial or in-kind benefits from a person's participation in the program;
- Foods provided by WIC are not included in a communal food service, but are available exclusively to the WIC participant;
- The facility/institution places no constraints on the ability of the participant to receive WIC foods and nutrition education.

Reference: CFR §246.7

Procedure:

1. Local Agencies must establish that a facility/institution serving homeless/incarcerated participants meets the three conditions stated in the policy. Local Agencies must:
 - a. Contact the facility/institution and request a written statement that documents compliance with all three conditions.
 - b. Inform the facility/institution that to be compliant, they only need to alter standard procedures to meet the three conditions for the residents who are WIC applicants/participants.

- c. Request facilities/institutions to notify the Local Agency if they cease to comply with any of the conditions.
- d. Maintain a file of written compliance statements from all facilities/institutions.
- e. Inform participants they may need to make alternative arrangements before recertification if compliance is not established or the facility/institution declines to cooperate with the Local Agency.
 - If the participant remains in a non-compliant homeless facility/institution, WIC food benefits, except infant formula, may no longer be issued to the participant. The participant may continue to receive nutrition education and referral services.

POLICY: CRT: 05.0

Subject: Financial Eligibility

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: An applicant must meet federal financial eligibility requirements to receive WIC benefits. Financial eligibility must be determined at *each* certification visit and documented in the participant's record. Exception: Financial eligibility for migrant farm workers can be determined every 12 months.

Reference: CFR §246.7

Procedure:

1. The eligibility status (e.g., financial/nutritional) of a participant does not need to be re-evaluated during the certification period.
2. If it comes to the attention of the Local Agency that a family or client is over income during the certification period, the entire family must be disqualified from the program and issued a Letter of Ineligibility.
3. This does not apply to individuals who were certified based on adjunctive eligibility.
4. If family members have received checks for a future month or months, those checks must be returned and voided in WIC Net.

POLICY: CRT: 05.1

Subject: WIC Program Income Chart

Effective Date: April 15, 2003

Revised from: October 1, 2002

Policy: The State WIC Office will send the Federal Income Guideline to Local Agencies each year. The guideline is effective April 15. The maximum income for Virginia WIC participants is 185% of poverty.

Virginia WIC Program Income Chart

Effective Date: April 15, 2003 to June 30, 2004

Economic Unit	Income		
	ANNUAL	MONTHLY	WEEKLY
1	16,613	1,385	320
2	22,422	1,869	432
3	28,231	2,353	543
4	34,040	2,837	655
5	39,849	3,321	767
6	45,658	3,805	879
7	51,467	4,289	990
8	57,276	4,773	1102
Each additional Person	+5,809	+485	+112

If income is reported as weekly, biweekly or semi-monthly, make the following calculations to convert into monthly or annual income:

Monthly Income Equals:

- Weekly income X 4.3
- Biweekly income (every 2 weeks) X 2.15
- Semimonthly income (twice a month) X 2

Annual Income Equals:

- Monthly X 12
- Biweekly income (every 2 weeks) X 26
- Semimonthly income (twice a month) X 24

POLICY: CRT: 05.2

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Subject: Proof of Income

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Applicant/participants must present proof of income when financial eligibility is determined.

Procedure:

1. Obtain proof of income

a. Proof of income includes:

- Medicaid card
- Food Stamp “Notice of Eligibility”
- TANF printout with case number
- National School Lunch participation verification
- Current pay stub noting the pay period the income was earned.
- Signed statement from employer indicating gross earnings for a specified pay period.
- W-2 form or income tax return for the most recent calendar year.
- Unemployment letter/notice from the Virginia Employment Commission approving or denying unemployment compensation.
- Termination/Layoff notice from previous employer.
- Pay stub/letter from Social Security stating amount of earnings.
- Most recent month Leave and Earnings Statement (LES) for military personnel.
- Statement from Social Services to foster parents showing amount of child support.

Subject: Proof of Income

- Income documentation submitted by a foreign student to the Immigration and Naturalization Service used to obtain the Student Visa. May also accept information provided by the Financial Aid Office from the college or university.
 - Statement of Disability Income
 - Family Access Medical Insurance Security Plan (FAMIS)
- b. Document income proof in WIC Net. *It is not necessary to photocopy proof of income.*
2. If proof of income is not required, the Affidavit, WIC-383 must be completed. File a copy in the participant's record.
- a. A confidential minor, member of a homeless or migrant family, or an undocumented worker may self-declare income at each certification visit.
- Complete the Affidavit Form, WIC-383
 - Document why the applicant cannot provide proof of income on the Affidavit Form, WIC-383
 - Issue food checks
3. Any other applicant who does not bring proof of income will have to be rescheduled to return with required documentation. No benefits can be issued until this is done.

POLICY: CRT: 05.3

Subject: Automatic Eligibility

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Applicants with a family member receiving free or reduced lunches through the National School Lunch Program are automatically financially eligible for WIC benefits. Applicants enrolled in Family Access to Medical Insurance Security Plan (FAMIS) may be automatically financially eligible if the co-pay on the FAMIS card is less than \$5 dollars.

Procedure:

1. Applicants who have family members receiving free or reduced lunches must provide a letter from the school system to document participation in the National School Lunch Program.

2. Applicants enrolled in FAMIS must provide proof of participation in FAMIS as well as documentation of their co-pay amount.
3. Applicants providing proof of participation in the National School Lunch Program and FAMIS must self-declare income. The economic unit should be self declared as well and reflect those who meet the standard definition of economic unit. Income source field should indicate "Automatic".
4. Applicants enrolled with FAMIS shall produce the FAMIS Health Plan Card that will have the word "FAMIS" on the card. If the co-pay is less than \$5 the applicant is automatically financially eligible. If the co-pay is \$5 or more, the follow normal procedures to verify income.

POLICY: CRT: 05.4

Subject: Adjunctive Eligibility

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: An applicant is adjunctively financially eligible for WIC benefits if:

- they can document that they are fully eligible to receive TANF, Medicaid or Food Stamps
- they are "presumed eligible" (pending completion of the eligibility process) to receive TANF, Medicaid or Food Stamps
- they can document that they are a member of a family containing a TANF recipient; or
- they can document that they are a member of a family containing a pregnant woman or infant who receives Medicaid

Reference: CFR §246.7

Procedure:

1. Request the following as proof of participation in these programs.
 - a. Food Stamps: "Notice of Eligibility" form.
 - b. TANF: printout with case number or documentation from social services.
 - c. Medicaid: valid Medicaid card, Medicaid-HMO card or letter from Medicaid stating eligibility is pending. Note: if verification is needed for Medicaid-HMO card, call the Medicaid Automated Help-Line at 1-800-552-8627 or the HMO. In the Richmond area, call 965-9732 or 965-9733.

2. Applicants providing proof of participation in Food Stamps, TANF, or Medicaid must self-declare income. The economic unit number should be self declared as well and reflect those who meet the standard definition of economic unit. Income source field should indicate "Adjunctive".

POLICY: CRT: 05.5.1
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Subject: Gross Income

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Income eligibility is determined based on gross income without deductions of any kind.

Procedure:

1. Determine the gross income of the economic unit.

- a. Income includes:

Earnings from Work

- Wages/salary/tips/commissions
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned business or farm
- Severance pay
- Military Leave and Earnings Statement (LES) See Appendix 1 Military Leave and Earnings Statement (LES) as Proof of Income.

Welfare/Child Support/Alimony

- Public assistance payments
- Welfare payments
- Alimony/child support payments

Subject: Gross Income

Pensions/Retirement/Social Security

- Pensions
- Supplemental Security Income
- Retirement income
- Veteran's payments
- Social Security

Other Income

- **Disability benefits**
 - Cash withdrawn from savings
 - Interest/Dividends
 - Income from Estates/Trusts/Investments
 - Regular contributions from persons not living in the household
 - Net royalties/annuities/net rental income/net gambling and lottery winnings
 - Inheritances
 - Any other income
- b. Determine gross income based on current or an income average, whichever is the better indicator of the applicant's financial status.
- Current income means the most recent income information available to the applicant.
 - Use income averaging for self-employed persons, persons on leave of absence from work, teachers, seasonal workers, college students who only work during the summer or persons whose income is sporadic or irregular.

Subject: Gross Income

- To income average, take the past 12 months of income and divide by 12.
- Income for strikers or unemployed persons is based on the period of unemployment only.
 - Accept self-declaration of striker status if it is known in the community that the individual's work place is on strike. Document in the participant's file.
 - Request letter of unemployment for unemployed persons. File in the participant's record.
- c. Compare the gross income to the Virginia WIC Program Income Chart in this chapter.
 - If the applicant is financially eligible, refer the applicant to the CPA to determine nutritional eligibility.
 - If the applicant is financially ineligible, issue a Letter of Ineligibility, WIC-315.
 - Refer applicant/participants who may be Medicaid eligible or eligible for the Family Access Medical Insurance Security Plan (FAMIS) to Social Services. See Appendix 2 for Medicaid Eligibility Guidelines.

POLICY: CRT: 05.5.2

Subject: Zero Income

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: If an applicant declares zero income, Local Agencies must determine how the applicant obtains basic living necessities such as food, shelter, medical care and clothing.

Procedure:

1. If the applicant truly has zero income with minimal or no resources they are financially eligible upon verification by a Third Party.
 - Instruct the applicant/participant to bring a written statement from a reliable third party that has knowledge of the applicant/participant's income prior to final eligibility determination.
 - Reliable third parties include staff from a social service agency, church, legal aid society, or employers.

- File the written statement in the participant's file.
 - Refer applicant to appropriate agencies for additional aid and assistance.
2. If the applicant receives the majority of basic living necessities such as food, shelter, medical care and clothing from a family/friend, they must be included in their economic unit. Obtain income documentation from the family/friend to determine the applicant's income eligibility for WIC.

POLICY: CRT: 05.5.3

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Subject: Income Exclusions

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Specific incomes are not counted toward gross income for the purposes of WIC income eligibility determination.

Procedure:

Do not include the following as income:

- Any benefits or income from the following federal programs:
 - National School Lunch Act (1966)
 - Food Stamp Act (1977)
 - Income received for services performed under the Domestic Volunteer Act (1973)
 - Student financial assistance under Title IV-Higher Education Act of 1965:
 - Pell Grants
 - State Student Incentive and National Director Student Loans (to the extent that it is used for costs related to the costs of attendance at the educational institution and does not include room, board, and dependent care expenses).
- The value of in-kind benefits is not considered as income. This includes housing/utility subsidies, medical/dental services and other in-kind benefits, as long as it's not given as cash.
- Cash military housing allowances for personnel living on or off base (BAH)
- Payments received to purchase child care (i.e., baby-sitting)

- Bank loans
- Lump sum payments if those payments represent reimbursements for lost assets or for injuries, such as:

POLICY: CRT: 05.5.3

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Subject: Income Exclusions

- Amounts received from insurance companies for loss or damage of real or personal property, such as home or auto.
- Payments for a specific expense incurred by the household, such as payment of medical bills resulting from an accident or injury.
- Earned Income Credit (EIC)
- Job Training Partnership payments
- Volunteer payments under VISTA or similar program
- Disaster relief payment
- Payments received by veterans for educational assistance
- Home energy assistance payments

POLICY: CRT: 05.5
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Subject: Other Applicants

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Applicants who are not automatically or adjunctively financially eligible must have financial eligibility determined using the Federal Income Guidelines based on economic unit.

Reference: CFR §246.7

Procedure:

1. Determine the size of the economic unit. An economic unit must have its own source of income and the income must be adequate to sustain the economic unit. Follow these guidelines to determine the size of an economic unit:
 - a. Count all related or non-related persons who share income as the economic unit.
 - To determine if an applicant is an economic unit of one or is part of a larger economic unit, ask the following questions:
 - Is the applicant responsible for all or a portion of his/her own expenses and bills?

- What type of income does s/he receive?
 - Who provides the food and clothing?
 - Is s/he primarily independent and receives some goods or services or does the goods and services received result from sharing of income with other individuals?
 - WIC staff must decide how to determine financial eligibility and document the decision in the applicant's record.
- b. Increase the family size of a pregnant woman by the fetus(es).
- Proof of multiple fetuses must be documented within 90 days of certification by a physician or nurse practitioner working under the supervision of a physician.
 - Use the increased family size when calculating financial eligibility for all family members.

Subject: Other Applicants

- c. An infant/child is counted in the economic unit of the parent/guardian with whom they reside.
 - If an infant/child resides in a school or institution and financial support is provided by the parent/guardian, count the infant/child in the economic unit of the parent/guardian.
 - If an infant/child resides in a family that has adopted or accepted legal responsibility, the infant/child is counted in the economic unit with whom they reside.
 - If an infant/child resides in a family that has assumed financial responsibility, the infant/child is counted in the economic unit with whom they reside.
 - If an infant/child is in joint physical custody, the infant/child is determined eligible according to the financial eligibility of the parent applying for benefits.
 - The food package should be tailored to reflect the amount of time the child is with the parent applying for the program.
 - If both parents apply for benefits, each one is a separate economic unit and must be screened separately for income eligibility.
 - Issue a different family number and WIC ID folder, and ensure all required WIC forms are in each payee's file.
 - Tailor the food package to reflect the amount of time the child is with each parent.
 - Document the name of the payees in the participant's record for auditing purposes.
 - If an infant/child is in the temporary care of friends or relatives but the parents are providing the majority of support, count the infant/child in the economic unit of the parent.
 - If an infant/child resides in a foster home and is the legal responsibility of a welfare agency, the infant/child is considered an economic unit of one.
 - If an infant/child has his/her own source of income which is adequate to provide the majority of support, count the infant/child as an economic unit of one.

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Subject: Other Applicants

- d. A court declared emancipated minor is responsible for her own debts and is considered an economic unit of one. A minor is an individual less than 18 years of age.
 - Request minor to present his/her Court Declaration of Emancipation.
 - For a minor who considers themselves emancipated but has no court declaration, document why she is considered emancipated in WIC Net.
- e. A person who must work and/or lives elsewhere but contributes financially to the family is considered a member of the economic unit (e.g., military personnel, seasonal workers and construction workers.)
- f. Students who receive the majority of basic living necessities such as food, shelter, medical care and clothing from their parents must be included in the economic unit of their parents.
- g. More than one economic unit may reside under the same roof. Treat two economic units that reside under the same roof as separate units.

POLICY: CRT: 06.0

Subject: Nutritional Eligibility – Overview

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: An applicant must be determined to be at nutritional risk to be eligible for WIC benefits.

Nutritional risk means:

- Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements;
- Other documented nutritionally related medical conditions;
- Dietary deficiencies that impair or endanger health;
- Conditions that directly affect the nutritional health of a person, including alcoholism or drug abuse; or
- Conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, including, but not limited to, homelessness and migrancy.

The Competent Professional Authority (CPA) is the only authorized person to determine nutritional eligibility.

Reference: CFR §246.2

POLICY: CRT: 06.1

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Subject: Determine Nutritional Risk – Anthropometric

Effective Date: May 1, 2003

Revised from: October 1, 2002

Policy: Height/length and weight measurements shall be performed and documented in the applicant's record at the time of certification. Height/length and weight shall be measured not more than 60 days prior to certification.

Reference: CFR §246.7

Procedure:

1. At each certification visit, collect the following anthropometric data:
 - Height/length
 - Weight
 - a. For infants and children, the length for age and weight for length growth charts shall be used when measuring recumbent length. On the WIC Net medical screen select "R" for recumbent length before entering measurement values. When measuring standing height, the height for age, weight for height and BMI (body mass index) for age growth charts shall be used. On the WIC Net medical screen select "S" for standing height before entering measurement values.
 - b. Document pre-pregnancy weight (PPW) of the pregnant woman in the appropriate field on the WIC Net medical screen. The CPA shall ask questions to determine the actual or best estimate of the client's non-pregnant weight. The code "999" should only be used to document PPW on the WIC Net medical screen when the CPA determines that the client does not know their usual non-pregnant weight.
 - c. Medical data from other health care services or providers may be used by the Local Agency to determine nutritional eligibility. Anthropometric data submitted must be signed by a Competent Professional Authority (CPA) not on staff of the local agency.
 - d. File health care services/provider forms that contain anthropometric information in the participant's record.
2. For infants and children, assess the height/length and weight using the growth charts in WIC Net. The BMI for age growth chart is the preferred method of assessing children age 2 years and older for the nutrition risks:

- at risk of becoming overweight (BMI for age \geq 85th percentile and $<$ 95th percentile)
- overweight (BMI for age \geq 95th percentile)

- a. Using the appropriate graph, determine if a detrimental or abnormal nutrition condition exists, such as underweight, overweight, abnormal patterns of weight gain etc.

POLICY: CRT: 06.1

(Page 2 of 2)

Subject: Determine Nutritional Risk – Anthropometric

- b. Review normal or abnormal anthropometric findings with the participant or parent/guardian.
3. For pregnant women, assess the Prenatal Weight Gain Grid in WIC Net. For all women, WIC Net will calculate BMI and assign nutrition risks, underweight or overweight. Refer to Appendix 9 for the BMI values for these nutrition risks.
 4. The CPA will determine the following nutrition risk categories: low maternal weight gain for pregnant women and high maternal weight gain for pregnant, breastfeeding, and postpartum women.
 - a. On the health screen in WIC NET - More Health History questions - identify nutrition risk #14 for pregnant women and #13 for breastfeeding/postpartum women (medical condition). Assign Height and Weight Risk on the medical condition “pop-up” screen.
 - b. Assign the risk condition, low maternal weight gain or high maternal weight gain as appropriate for each category using the following definitions.
 - Low maternal weight gain is defined as a low rate of weight gain in the 2nd and 3rd trimesters, such that:
 - Underweight women gain less than 4 pounds per month
 - Normal/Overweight women gain less than 2 pounds per month
 - Obese women gain less than 1 pound per month
 - High maternal weight gain is defined for the following categories:

Pregnant women (current pregnancy), all trimesters, all weight groups \geq 7 pounds per month.

Breastfeeding or postpartum women (most recent pregnancy only) as defined in the table below:

Pre-pregnancy weight group	Definition	Total Weight Gain For Pregnancy Just Ended
Underweight	BMI $<$ 19.8	$>$ 40 pounds
Normal weight	BMI 19.8 – 26.0	$>$ 35 pounds
Overweight	BMI 26.1 – 29.0	$>$ 25 pounds
Obese	BMI $>$ 29.1	$>$ 15 pounds

- c. Review normal or abnormal anthropometric findings with the participant or parent/guardian.

APPENDIX 9

Subject: Determine Nutritional Risk – Anthropometric

Nutrition Risk Identification for Women Using BMI (Body Mass Index)

Underweight woman (USDA risk 101, VA WIC risk 1100)

Pregnant woman	pre-pregnancy BMI <19.8
Postpartum woman	pre-pregnancy or current BMI <18.5
Breastfeeding woman < six months postpartum	pre-pregnancy or current BMI <18.5
Breastfeeding woman \geq six months postpartum	current BMI <18.5

Overweight woman (USDA risk 111, VA WIC risk 1200, 1210)

Postpartum woman	pre-pregnancy BMI \geq 25
Breastfeeding woman < six month postpartum	pre-pregnancy BMI \geq 25
Breastfeeding woman \geq six months postpartum	current BMI \geq 25

POLICY: CRT: 06.2
(Page 1 of 5)

Subject: Determine Nutritional Risk – Hematological

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: A hematological test for anemia shall be performed and documented at certification for applicants with no other risk factor present.

For applicants with a qualifying risk factor present at certification, a hematological test shall be performed and documented within 90 days of the date of certification.

For breastfeeding women 6-12 months postpartum, a hematological test is not required if the test was performed following the termination of the pregnancy.

All infants, nine months of age and older, shall have a hematological test performed between 9-12 months of age or obtained from a referral source. This test does not have to occur within 90 days of the certification date.

Only one test is required for children between 12-24 months of age, and this test should be done 6 months after the infant test.

Children ages two and older who are determined to be within the normal range at their last certification do not need a hematological test. However, the hematological test shall be performed on these children at least once every 12 months.

Follow the hematological guidelines below:

Infants

- A hematological test taken at or before the infant's first birthday may be used for the first child certification, usually occurring around 12 months of age.
- A hematological test taken at or before the first birthday cannot fulfill the requirement for both the infant and the 1 to 2 year child-screening.
- Hematological test data taken before the infant's first birthday may be used to certify a child as long as the information is less than 6 months old.

Children

- Children between 1 and 2 years of age must have at least one (1) hematological test performed, preferably 6 months after the infant screening.
- A child, who was not on WIC as an infant and is certified on or after 12 months of age and before 18 months of age, must have two hematological tests by 2 years of age.

Subject: Determine Nutritional Risk – Hematological

- Children with an abnormal hemoglobin or hematocrit value must have a hematological test at least every 6 months.
- Children between 2 and 5 years of age with a normal hemoglobin or hematocrit value may have a hematological test once every 12 months.

Pregnant women must have a hematological test performed during the current pregnancy.

Breastfeeding women must have a hematological test performed during the postpartum period, ideally within 6 weeks after termination of the pregnancy. A hematological test is not required at the 6 month certification.

Postpartum women must have a hematological test performed during the postpartum period, ideally within 6 weeks after termination of the pregnancy.

Procedure:

1. Infants and Children

- a. Schedule and perform a hematological test after 9 months of age but before the infant's first birthday.
 - Use this value at the next certification, which will be around 12 months of age, depending on the age of enrollment.
 - Schedule the child's certification at 11 months of age (in the 30 days preceding the child's first birthday) and perform the infant hematological test at this visit.

2. Women

- a. Schedule and perform a hematological test according to policy.
 - For pregnant women, evaluate the test results according to the trimester in which the blood work was performed.
 - For the breastfeeding or postpartum woman, a hematological test is required after delivery.

3. Inform the participant or parent/guardian if there is a finding of anemia.

- a. Document the hematological test results on the Medical Screen in WIC Net.
- b. Provide appropriate nutrition education, prescribe a food package that is appropriate for anemia and make the necessary referrals.

Subject: Determine Nutritional Risk – Hematological

- c. Document nutrition education and referrals provided on the Care Plan Screen in WIC-Net.
4. Exceptions to blood work policy
- a. If an applicant/participant has a medical condition such as hemophilia, fragile bones, or a serious skin disease, obtain medical data from another source or screen for risks other than anemia.
 - A statement from the physician documenting the medical condition must be filed in the participant's record.
 - If the medical condition is considered treatable, a new statement from the physician is required at subsequent certifications.
 - If the medical condition is considered "life-long," a new statement is not required.
 - b. If an applicant/participant refuses a hematological test due to religious beliefs, screen for risks other than anemia.
 - Document refusal in the participant's record.
 - c. If obtaining a hematological test from an HIV infected applicant/participant would put the health and safety of Local Agency staff at risk; refer the applicant/participant to another resource.
 - Document medical condition and referral in participant's record.

Subject: Determine Nutritional Risk – Hematological

Infant and Child Hematological Test Schedule

Category	Hematological Test Requirement
Infant	
0 to less than 9 months of age	No hematological test required
Medical Update (6-8 months of age)	No hematological test required
9 to 12 months of age	Hematological test required Use this hematological test for first child certification.
Children 1 to 2 Years of Age	
<u>Certification</u> (Approximately 18 months of age)	Hematological test required between 1 and 2 years of age, preferably 6 months after the infant screening. <u>Exception:</u> a child who was not on WIC as an infant and is certified on or after 12 months of age and before 18 months of age, must have two hematological tests by 2 years of age.
Children 2 to 5 Years of Age	
Children 2 years and older	A Hematological test is required annually. A hematological test is not required at 2-year certification if 18-month blood values were normal. <u>Exception:</u> if previous Hematological test was <u>abnormal</u> , repeat test every 6 months until normal.

Subject: Determine Nutritional Risk – Hematological

Women's Hematological Test Schedule

Category	Hematological Test Requirement
Pregnant Woman	
<u>Certification</u>	Hematological test must be taken during current pregnancy. Evaluate the test results according to the trimester in which the test was taken.
Breastfeeding Woman	
<u>Certification (Initial)</u>	Hematological test required after delivery
<u>Subsequent Certification</u>	Hematological test not required.
Postpartum Woman	
Certification	Hematological test required after delivery.

POLICY: CRT: 06.3

Subject: Determine Nutritional Risk – Dietary

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: A 24-hour dietary recall or food frequency shall be completed for all applicants to determine dietary deficiencies that impair or endanger health.

Reference: CFR §246.7

Procedure:

1. Complete a dietary assessment form (WIC-305I, WIC-305WC or NUTR-001) to evaluate general eating patterns and habits.

- Ask probing questions to determine the type and amount of food and beverages consumed.
- Use food models, cups and other aids to determine portion sizes.
- Find out when, where, and with whom meals and snacks are routinely consumed.
- Ask about preparation methods to determine calories, fat, sugar and salt intake.

POLICY: CRT: 06.4

Subject: Determine Nutritional Risk – Other Nutrition/Medical Conditions

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: All nutritionally related medical conditions, such as metabolic disorders, alcohol or drug abuse, pre-eclampsia, lead poisoning etc. shall be screened.

Reference: CFR §246.7

Procedure:

1. Screen for all nutrition/medical risks. See Nutrition Risk Criteria charts.
2. To validate and document a self-reported medical diagnosis, the CPA must ask at least two of the following questions.
 - a. Is the condition being managed by a medical professional?
 - b. Is the condition being controlled by diet, medication or other therapy?
 - c. What type of medicine has been prescribed?
 - d. What is the name and contact information for that medical professional?
3. Document the answers to the above questions on the Health Screen in WIC Net under the Notes button.
4. If “food allergy” is an assigned risk, document the type of allergy on the Health Screen in WIC Net under the Notes button.
5. Document all pertinent data on the Health Screen in WIC Net to identify nutrition/medical risks.
6. Review the nutrition risk(s) assigned on the Care Plan Screen in WIC Net with the participant or parent/guardian.

Subject: Virginia WIC Program Nutrition Risks

Effective Date: May 1, 2003

Revised from: October 1, 2002

Virginia WIC Program Nutrition Risks

Risk Code		Category and Priority					Risk Definition
		P	B	N	I	C	
1000		Anthropometric					
Women							
USDA Code	VA Code	Priority					Nutrition Risk
101	1100*	1	1	5			Underweight
111	1200	1	1	5			Overweight
111	1210*	1	1	5			Very overweight
131	1300*	1					Low Maternal Weight Gain
132	1310*	1					Maternal Weight Loss during Pregnancy
133	1400	1	1	5			High Maternal Weight Gain
Infants and Children							
151	1610*				1	3	Small for gestational age (SGA)
141	1630*				1	3	Low birth weight (≤ 2500 gms/5 ½ lbs. (to 24 months)
153	1631				1		Large for gestational age (BW ≥ 9 lbs.)
103	1640				1	3	Underweight (WT for LT/HT $\leq 10^{\text{th}}$ percentile)
103	1641*				1	3	Very underweight (WT for LT/HT $\leq 5^{\text{th}}$ percentile)
121	1660				1	3	Short Stature (Low LT/HT for age ($\leq 10^{\text{th}}$ percentile)
121	1661				1	3	Very Short Stature (Low LT/HT for age $\leq 5^{\text{th}}$
113	1711*					3	Overweight (WT for HT or BMI $\geq 95^{\text{th}}$ percentile) for children 2 to 5 years of age

Subject: Virginia WIC Program Nutrition Risks**Virginia WIC Program Nutrition Risks (Cont.)**

Risk Code		Category and Priority					Risk Definition		
		P	B	N	I	C			
2000 Biochemical									
USDA Code	VA Code	Priority					Nutrition Risk		
201	2100	1	1	5	1	3	Low Hgb/Hct/Diagnosis of Iron Deficiency Anemia		
							<u>"P" Wks Gestation</u> <u>Hgb (gms)</u> <u>Hct (%)</u>		
							0-13 wks 10 to 10.9 29 to 32.9		
							14-26 wks 10 to 10.4 29 to 31.9		
							27-42 wks 10 to 10.9 29 to 32.9		
							Breastfeeding/Postpartum		
							12-14.9 yrs 11 to 11.7 33 to 35.6		
							15-17.9 yrs 11 to 11.9 33 to 35.8		
							18+ yrs 11 to 11.9 33 to 35.6		
							Infants/Children		
							6 mo to 2 yrs 10 to 10.9 29 to 32.8		
							2-5 yrs 10 to 11 29 to 32.9		
201	2110*	1	1	5	1	3	Very Low Hgb or Hct or diagnosis of Iron Deficiency Anemia		
							<u>Hgb (gms)</u> <u>Hct (%)</u>		
							Pregnant/Infants/Children < 10 < 29%		
							Breastfeeding/Postpartum < 11 < 33%		
Other Biochemical Test Results which indicate Nutritional Abnormality									
211	2300*	1	1	5	1	3	High lead - lead poisoning (> 10 ug/dL)		

Subject: Virginia WIC Program Nutrition Risks**Virginia WIC Program Nutrition Risks (Cont.)**

Risk Code		Category and Priority					Risk Definition	
		P	B	N	I	C		
3000 Pregnancy-related conditions (Current or Most Recent)								
Pregnancy History (Women's Condition)								
USDA Code	VA Code	Priority					Nutrition Risk	
332	3010	1	1	5			Closely spaced pregnancies (< 16 months)	
334	3020	1					Lack of prenatal care	
303	3030*	1	1	5			Gestational diabetes	
336	3040*	1					Fetal Growth Retardation (FGR)	
335	3050*	1	1	5			Multifetal gestation	
331	3060	1	1	5			Pregnancy at a young age (< 18 years)	
311	3070	1	1	5			Preterm delivery of most recent infant	
345	3080*	1					Pregnancy Induced Hypertension	
Pregnancy History (Infant's Condition)								
312	3113	1	1	5			Infant with low birth weight(≤ or =2500 gms)	
321	3115	1	1	5			Fetal or neonatal loss	
339	3117	1	1	5			Infant with Spina bifida	
339	3118	1	1	5			Infant with Cleft lip	
339	3119	1	1	5			Infant with Cleft lip and palate	
339	3120	1	1	5			Infant with Cleft palate	
337	3130	1	1	5			Infant with high birth weight (> or = to 9 lbs.)	

Subject: Virginia WIC Program Nutrition Risks**Virginia WIC Program Nutrition Risks (Cont.)**

Risk Code		Category and Priority					Risk Definition
		P	B	N	I	C	
USDA Code	VA Code	Priority					Nutrition Risk
341	4100*	1	1	5	1	3	Kwashiorkor
341	4110*	1	1	5	1	3	Nutritional marasmus - severe calorie deficiency
341	4120*	1	1	5	1	3	Other severe, protein-calorie malnutrition
Other and Unspecified Protein-Calorie Malnutrition							
341	4210*	1	1	5	1	3	Malnutrition of moderate degree
341	4220*	1	1	5	1	3	Malnutrition of a mild degree
341	4230*	1	1	5	1	3	Arrested development following protein-
341	4240*	1	1	5	1	3	Other protein-calorie malnutrition
341	4250*	1	1	5	1	3	Unspecified protein-calorie malnutrition
Thiamine and Niacin Deficiency States							
341	4410*	1	1	5	1	3	Beriberi
341	4420*	1	1	5	1	3	Other and unspecified manifestations of thiamine
341	4430*	1	1	5	1	3	Pellagra
Deficiency of B-complex Components							
341	4510*	1	1	5	1	3	Ariboflavinosis
341	4520*	1	1	5	1	3	Vitamin B ₆ deficiency
341	4530*	1	1	5	1	3	Other B-complex deficiencies
341	4540*	1	1	5	1	3	Unspecified vitamin B deficiency
Vitamin D Deficiency							
341	4710*	1	1	5	1	3	Rickets, active
341	4720*	1	1	5	1	3	Rickets, late effect
341	4730*	1	1	5	1	3	Osteomalacia, unspecified
341	4740*	1	1	5	1	3	Unspecified vitamin D deficiency
Other Nutritional Deficiencies							
341	4801*	1	1	5	1	3	Ascorbic Acid Deficiency
341	4802*	1	1	5	1	3	Vitamin A Deficiency
341	4810*	1	1	5	1	3	Deficiency of vitamin K
341	4820*	1	1	5	1	3	Deficiency of other vitamins
341	4830*	1	1	5	1	3	Unspecified vitamin deficiency

Subject: Virginia WIC Program Nutrition Risks**Virginia WIC Program Nutrition Risks (Cont.)**

Risk Code		Category and Priority					Risk Definition
		P	B	N	I	C	
5000 Medical Conditions (Cont.)							
USDA Code	VA Code	Priority					Nutrition Risk
341	4840*	1	1	5	1	3	Mineral deficiency
341	4850*	1	1	5	1	3	Other nutritional deficiency
341	4860*	1	1	5	1	3	Unspecified nutritional deficiency
341	4900*				1		Infant malnutrition
347	5010*	1	1	5	1	3	Cancer
Cardiovascular							
360	5021*	1	1	5	1	3	Cardiac defects
360	5022*	1	1	5	1	3	Congenital heart disease
360	5023*	1	1	5	1	3	Congestive heart failure
345	5024*	1	1	5	1	3	Hypertension
Central & Peripheral Nervous System							
348	5031*	1	1	5	1	3	Cerebral Palsy
348	5032*	1	1	5	1	3	Epilepsy
348	5033*	1	1	5	1	3	Muscular Dystrophy
348	5034*	1	1	5	1	3	Multiple Sclerosis
348	5035*	1	1	5	1	3	Neural tube defects – Spina bifida or Myelomeningocele
Chronic or Recurrent Infections							
352	5041*	1	1	5	1	3	AIDS or HIV positive
352	5042*	1	1	5	1	3	Hepatitis- chronic or cirrhosis
352	5043*	1	1	5	1	3	Intestinal parasites (Giardiasis)
352	5044*	1	1	5	1	3	Meningitis
352	5045*	1	1	5	1	3	Pneumonia or influenza
352	5046*	1	1	5	1	3	Tuberculosis (active)
352	5047*	1	1	5	1	3	Viral Hepatitis
Congenital/Genetic Disorders							
Anemias							
349	5052*	1	1	5	1	3	Sickle cell anemia

Subject: Virginia WIC Program Nutrition Risks**Virginia WIC Program Nutrition Risks (Cont.)**

Risk Code		Category and Priority					Risk Definition	
		P	B	N	I	C		
5000 Medical Conditions (Cont.)								
Congenital/Genetic Disorders								
Anemias								
USDA Code	VA Code	Priority					Nutrition Risk	
349	5053*	1	1	5	1	3	Thalassemia (major, minor, intermedia)	
349	5054*	1	1	5	1	3	Cleft lip	
349	5055*	1	1	5	1	3	Cleft palate	
349	5056*	1	1	5	1	3	Cleft palate with cleft lip	
349	5058*	1	1	5	1	3	Down's Syndrome	
349	5059*	1	1	5	1	3	Lowes Syndrome	
349	5061*	1	1	5	1	3	Prader Willi Syndrome	
349	5062*	1	1	5	1	3	Rhetts Syndrome	
349	5063*	1	1	5	1	3	Williams Syndrome	
350	5080*				1		Pyloric stenosis	
Endocrine								
343	5091*	1	1	5	1	3	Diabetes	
344	5092*	1	1	5	1	3	Hyperthyroidism	
344	5093*	1	1	5	1	3	Hypothyroidism	
356	5094*	1	1	5	1	3	Hypoglycemia	
Food Intolerance								
355	5201	1	1	5	1	3	Lactose intolerance	
Gastrointestinal								
354	5301*	1	1	5	1	3	Celiac disease	
342	5302*	1	1	5	1	3	Cholecystitis/cholelithiasis	
342	5303*	1	1	5	1	3	Crohn's disease	
342	5304*	1	1	5	1	3	Dumping Syndrome	
342	5305*	1	1	5	1	3	Hiatal hernia	
301	5306*	1					Hyperemesis gravidarum - Excessive nausea and vomiting	
342	5307*	1	1	5	1	3	Irritable bowel syndrome/colitis	
342	5308*	1	1	5	1	3	Malabsorption syndrome	

Subject: Virginia WIC Program Nutrition Risks**Virginia WIC Program Nutrition Risks (Cont.)**

Risk Code		Category and Priority						Risk Definition
		P	B	N	I	C		
5000 Medical Conditions (Cont.)								
USDA Code	VA Code	Priority					Nutrition Risk	
342	5309*	1	1	5	1	3	Pancreatitis	
342	5310*	1	1	5	1	3	Regional enteritis/ileitis	
342	5311*	1	1	5	1	3	Ulcerative colitis	
342	5312*	1	1	5	1	3	Short bowel syndrome	
Inborn Errors of Metabolism								
351	5401*	1	1	5	1	3	Acidemia	
351	5402*	1	1	5	1	3	Cystic Fibrosis	
351	5403*	1	1	5	1	3	Disorders of lipid metabolism, pure Hypercholesterolemia, pure Hyperglyceridemia, Mixed Hyperlipidemia, hyperchylomicronemia	
351	5404*	1	1	5	1	3	Disturbances of sulphur-bearing amino-acid metabolism - Homocystinemia, Hypermethioninemia, Methioninemia	
351	5405*	1	1	5	1	3	Galactosemia	
351	5406*	1	1	5	1	3	Glucose-6-phosphate dehydrogenase (G6PD)	
351	5407*	1	1	5	1	3	Histidinemia	
351	5408*	1	1	5	1	3	Maple syrup urine disease (MSUD)	
351	5409*	1	1	5	1	3	Phenylketonuria (PKU)	
351	5410*	1	1	5	1	3	Tyrosinuria	
Pulmonary								
360	5501*	1	1	5	1	3	Asthma (Severe)	
360	5502*	1	1	5	1	3	Broncho-pulmonary dysplasia (BPD)	
Other Medical Conditions								
358	5601*	1	1	5			Anorexia or Bulimia	
358	5602*	1	1	5			Eating Disorders	
134	5603*				1	3	Failure to Thrive	
382	5604*				1	3	Fetal alcohol syndrome	
360	5605*	1	1	5	1	3	Hemophilia	

Subject: Virginia WIC Program Nutrition Risks**Virginia WIC Program Nutrition Risks (Cont.)**

Risk Code		Category and Priority						Risk Definition
		P	B	N	I	C		
5000 Medical Conditions (Cont.)								
Other Medical Conditions								
USDA Code	VA Code	Priority					Nutrition Risk	
360	5606*	1	1	5	1	3	Juvenile Rheumatoid Arthritis	
360	5607*	1	1	5	1	3	Liver disease	
360	5608*	1	1	5			Lupus erythematosus	
346	5609*	1	1	5	1	3	Renal disease	
360	2210*	1	1	5	1	3	Pernicious anemia	
360	2220*	1	1	5	1	3	Vitamin B12 deficiency	
360	2230*	1	1	5	1	3	Folate-deficiency anemia	
360	2240*	1	1	5	1	3	Protein-deficiency anemia	
360	2250*				1		Anemia of prematurity	
360	5700*	1	1	5	1	3	Other	
6000 Other Health Risks								
603	6010				1		Infant breastfeeding complications or potential complications	
602	6011*		1				Breastfeeding complications or potential complications	
381	6020 R	1	1	5	1	3	Dental/oral - cavities that interfere with eating/gum disease	
361	6021*	1	1	5		3	Depression	
353	6030*	1	1	5	1	3	Food allergies	
423	6041	4	4	6	4	5	Inappropriate or excessive intakes of dietary supplements including vitamins, minerals and herbal remedies	
421	6050	4	4	6		5	Pica	
338	6051	1					Pregnant woman currently breastfeeding	
142	6060				1		Prematurity	
359	6070*	1	1	5	1	3	Recent major surgery, trauma, burns, severe acute infections	

Subject: Virginia WIC Program Nutrition Risks**Virginia WIC Program Nutrition Risks (Cont.)**

Risk Code		Category and Priority						Risk Definition
		P	B	N	I	C		
7000 Other Risks								
USDA Code	VA Code	Priority					Nutrition Risk	
801	7010	4	4	6	4	5	Homeless	
802	7020	4	4	6	4	5	Migrant	
502	7030	9	9	9	9	9	Transfer of certification (VOC)	
601	7040		1				Breastfeeding an infant who is a WIC participant	
701	7050				2		Infant born to a WIC participant	
702	7051				1		Breastfed infant’s mother is a WIC participant	
701	7052				2		Infant born to a non-WIC participant	
903	7060	4	4	6	4	5	Foster Care – entering or changing homes within the last 6 months	
8000 Substance abuse								
372	8010R	1	1	5			Alcohol Use	
372	8020R	1	1	5			Illegal Drug Use	
371	8030R	1	1				Smoking	
9000 Dietary								
Diet Low In Two Dietary Guidelines, missing one food group, or high intake in fat or sugar (Participants 2 years and older)								
401	9110	4	4	6		5	Diet low in Fruits and Vegetables	
401	9111	4	4	6		5	Diet low in Vitamin A foods	
401	9112	4	4	6		5	Diet low in Vitamin C foods	
401	9120	4	4	6		5	Diet low in Milk or Calcium rich foods	
401	9130	4	4	6		5	Diet low in Bread, Cereal and Grain foods	
401	9140	4	4	6		5	Diet low in Meats and other protein foods	
401	9150	4	4	6		5	Diet high in dietary fat	
401	9160	4	4	6		5	Diet high in dietary sugar	
420	9170		4				Excessive caffeine intake (Breastfeeding Woman)	
Restrictive Diets								
403	9310	4	4	6	4	5	Highly restrictive diet	
402	9320	4	4	6	4	5	Vegan diet	

Subject: Virginia WIC Program Nutrition Risks**Virginia WIC Program Nutrition Risks (Cont.)**

Risk Code	Category and Priority						Risk Definition
	P	B	N	I	C		
9000 Dietary (Cont.)							
Inappropriate Feeding Practices for Infants							
USDA Code	VA Code	Priority					Nutrition Risk
411	9501				4		Inappropriate infant feeding practices
412	9510				4		Early introduction of solid foods
415	9520				4		Improper dilution of formula
419	9530				4	5	Inappropriate use of nursing bottle
417	9540				4		Lack of sanitation in preparation of nursing bottles
418	9550				4		Infrequent breastfeeding as sole source of nutrients
413	9560				4		Feeding cow's milk during 1 st 12 months
416	9570				4		Feeding other foods low in essential nutrients
414	9580				4		No dependable source of iron after 4-6 months
Inappropriate Feeding Practices for Children							
425	9610					5	Excessive juice intake (>or = 12 oz a day)
425	9620					5	Non-fat/reduced fat milk as primary milk source (1-2 years)
425	9630					5	Foods low in essential nutrients/high in calories (1-2 years)
425	9640					5	Foods that put children at risk of choking (< 4 years)
425	9650					5	Forcing a child to eat a certain type/amount of food
425	9660					5	Ignoring child's requests for appropriate foods when hungry
425	9670					5	Restricting appropriate consumption of nutritional meals
425	9680					5	Not supporting a child's need for self-feeding
425	9690					5	Inappropriate feeding/offering primarily pureed/liquid food

POLICY: CRT: 07.0**Subject: Certification Periods**

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Certification must be conducted periodically to re-evaluate the individual's residential, categorical, financial, and nutritional eligibility.

Reference: CFR §246.7

Procedure:

1. Follow this certification schedule:
 - a. Certify a pregnant woman for the duration of her pregnancy and up to six weeks postpartum.
 - b. Certify a postpartum woman up to six months postpartum based on the actual delivery date.
 - c. Certify a breastfeeding woman for six months based on the actual delivery date. Breastfeeding women may be subsequently certified to one year from actual delivery date.
 - d. Certify children for six-month periods up to the fifth birthday.
 - e. Certify infants up to their first birthday.

POLICY: CRT: 07.1

Subject: Change in Certification Periods

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: If a breastfeeding woman discontinues breastfeeding and is less than 6 months postpartum, she may continue to receive WIC benefits as a postpartum woman if she was certified due to a medical or nutritional condition.

If the woman was certified based solely on breastfeeding her infant, determine if she meets nutrition risk criteria that will allow her to stay on the program as a postpartum woman. If not, WIC benefits must end.

If a breastfeeding woman discontinues breastfeeding and is more than 6 months postpartum, she is no longer categorically eligible to participate and must be removed from the program.

If an infant was certified using only mother's risk and the mother ceases to breastfeed, determine if the infant is eligible to receive WIC benefits.

POLICY: CRT: 08.0

Subject: Medicaid and Social Service Referrals

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies shall provide to adult applicants/participants written information about the Medicaid Program. If such individuals are not currently participating in Medicaid but appear to be financially eligible, Local Agencies shall refer these individuals to Medicaid, including the referral of infants and children to *early and periodic screening, diagnostic, and treatment* (EPSDT) services and the referral of pregnant women to determine presumptive eligibility.

Reference: CFR §246.7

Procedure:

1. Provide written information on Medicaid.
2. Determine if the applicant/participant has a family income below the maximum income limit for the Program. See Appendix 2 for Medicaid Eligibility Guidelines.
 - Refer applicant/participant to the Medicaid Program, if appropriate.
 - Document referral on the Care Plan Screen in WIC Net.

POLICY: CRT: 08.1

Subject: Drug and Substance Abuse Referrals

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies shall provide drug and other harmful substance abuse information and a list of local resources for drug and substance abuse counseling and treatment to all pregnant, postpartum and breastfeeding women and to parents/guardians of infants and children.

Reference: CFR §246.11

Procedure:

1. Display the poster ***“Pregnant? Drugs and Alcohol Can Hurt Your Unborn Baby”*** in the WIC clinic area.
2. Distribute the pamphlet ***“Pregnant? Drugs and Alcohol Can Hurt Your Unborn Baby”*** or other approved material.
3. Compile, maintain and distribute a list of local drug and substance abuse resources.
 - a. The list must include the name, address, telephone number, specific services and eligibility criteria for the resources listed.
4. If drug and/or substance abuse is suspected/identified during the certification visit:

- a. Educate the participant on the dangers associated with the use of drugs, alcohol and tobacco.
 - b. Refer the participant to a drug abuse clinic, treatment program, counselor or other drug abuse professional.
 - c. Document referral on the Care Plan Screen in WIC Net.
5. Coordinate WIC services with local drug and substance abuse counseling and treatment centers.
 6. Contact local drug and substance abuse providers to inform them that you will be referring WIC clients for services and ask if they would like to be included in the resource list.

POLICY: CRT: 08.2

Subject: Breastfeeding Referrals

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies shall refer appropriate participants to breastfeeding support persons or groups to help them successfully breastfeed.

Procedure:

1. Refer participants to breastfeeding peer counselors, lactation specialists/consultants or other community resources such as La Leche League.
 - a. Document referrals on the Care Plan Screen in WIC Net.

POLICY: CRT: 08.3
(Page 1 of 2)

Subject: Blood Lead Referrals

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies shall ask the parent/guardian if the child has received a blood lead-screening test. If the child has not had a test, they must be referred to a lead treatment program where they can obtain such a test.

Reference: PL 106-387

Procedure:

1. Ask the parent/guardian if the child has received a blood lead-screening test.

2. If the child has received a blood lead-screening test, document verbal confirmation of the test under Notes on the Care Plan Screen in WIC Net.
 - a. If the child has not been exposed to lead:
 - Provide information on how to prevent exposure to lead.
 - Provide information on the WIC supplemental foods that are high in iron and calcium which help alleviate the effects of elevated blood lead levels.
 - b. If the child has been exposed to lead:
 - Document as a nutrition risk on the Health Screen in WIC Net.
 - Emphasize the importance of diet in the treatment of lead exposure and assist in developing an appropriate plan for nutrition intervention.
 - Emphasize the WIC supplemental foods that are high in iron and calcium which help alleviate the effects of elevated blood lead levels.
 - Provide information on how to reduce exposure to lead.
 - Refer the parent/guardian to a local lead treatment program and document the referral on the Care Plan Screen in WIC Net.

Subject: Blood Lead Referrals

3. If the child has not received a blood lead screening test:
 - a. Refer the parent/guardian to a local lead treatment program and document the referral on the Care Plan Screen in WIC Net.
 - b. Provide information on how to prevent exposure to lead.
 - c. Provide information on the WIC supplemental foods that are high in iron and calcium which help alleviate the effects of elevated blood lead levels.

POLICY: CRT: 08.4

Subject: Medical and Social Service Referrals

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies shall provide participants/proxies with information on other health-related and public assistance programs, and when appropriate, shall refer participants/proxies to such programs. Examples include, but are not limited to: Food Stamps, TANF, Family Access Medical Insurance Security Plan (FAMIS), immunizations, pre/postnatal care, dental services, family planning, domestic violence, Child Support Enforcement, well-child programs, private physicians, Head Start, EFNEP, rural/migrant health centers, schools, and homeless facilities.

Reference: CFR §246.7

Procedure:

1. Advise the applicant/participant of the type of medical and social services available, where they are located, how they may be obtained and why they may be useful.
2. Provide appropriate referral information to the participant.
3. Document referrals on the Care Plan Screen in WIC Net.

POLICY: CRT: 09.0

Subject: Ineligibility

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: An applicant/participant must be informed of their ineligibility during the certification visit.

A participant who was certified in error and is ineligible for WIC benefits must be terminated from the program.

Reference: CFR §246.7

Procedure:

1. Issue the Letter of Ineligibility (WIC-315) to the applicant/participant.

POLICY: CRT: 09.1

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Subject: Termination from the WIC Program

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Participants may be “terminated” from the WIC Program during or at the end of a certification period. Participants must be notified 15 calendar days before they are terminated and informed of the right to a fair hearing.

Reference: CFR §246.7

Procedure:

1. Complete a termination in WIC Net.
 - a. The Local Agency does not have to Terminate for:
 - woman’s period of eligibility has ended, unless breastfeeding stops between the 7th-12th months
 - child ineligible after 5th birthday
 - failure to pick up check
 - certification period expired
 - b. Use the following reasons, codes and notification requirements to terminate a participant.

Reason for Termination	Code	Notification Requirement
Woman’s period of eligibility has expired	A	Verbally inform participant
Child ineligible after 5th birthday	B	Verbally inform participant
Moved from State of Virginia	C	Verbally inform participant if moving in state.

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		When moving out of state.
Is not financially eligible	D	Issue Letter of Ineligibility, WIC-315
Does not have a nutritional risk	E	Issue Letter of Ineligibility, WIC-315
Placed on waiting list	F	Issue Letter of Ineligibility, WIC-315
Dual participation	G	Issue Disqualification Letter for Program Abuse, WIC-393
Program abuse	H	Issue Disqualification Letter for Program Abuse, WIC-393

POLICY: CRT: 09.1

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Subject: Termination from the WIC Program

Reason for Termination	Code	Notification Requirement
Deceased	J	No notice issued
Failure to pick up checks for 2 consecutive months	K	No notice issued. Participant informed of this policy at certification.
Certification period expired	L	
Participant no longer want benefits	M	Issue Letter of Ineligibility, WIC-315
Applicant is in a priority for which there is a freeze on enrollment	N	Issue Letter of Ineligibility, WIC-315
Applicant is in a category for which there is a freeze on enrollment	O	Issue Letter of Ineligibility, WIC-315
Data entry error	P	No notice issued.
Residency Ineligible	R	Issue Letter of Ineligibility, WIC-315

POLICY: CRT: 10.0

Subject: WIC ID Folder

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Payees must be issued a WIC ID Folder at the initial certification visit. The ID Folder must be presented at check pick-up and when using at an authorized store. It is the only authorized ID that grocery stores are allowed to accept when checks are redeemed.

Reference: CFR §246.7

Procedure:

1. Issue an ID Folder to the payee.
 - a. Use black ink to complete the folder, and do not apply any type of sticker, note or other item to the ID Folder.
2. Inform the payee of the following:
 - a. WIC checks and the Approved Food List should be kept in the ID Folder.
 - b. The WIC ID Folder must be presented for WIC services at WIC clinics.
 - c. An appointment schedule is on the ID Folder and lists nutrition education dates and other appointments.

- d. Inform participants that they will lose one or more of their checks if they are late picking up checks.
 3. Instruct the payee to bring the ID folder to the Local Agency to pick-up checks or special formula ordered through the State WIC Office and to the WIC store to redeem checks.
- NOTE: A driver's license will not be accepted in place of the WIC ID Folder for check pickup or redemption.
4. When the ID Folder is lost or damaged, a payee must present proof of identification **before** a new folder can be issued. Replacement folders will NOT be issued to an authorized proxy.
 5. Issue a replacement ID Folder when the payee's name changes. (See Policy CRT 03.0)

POLICY: CRT: 11.0

Subject: Recertification

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The participant should be scheduled for recertification during the period thirty days prior to the end of their certification. In this way the Local Agency meets the federal requirement to notify participants/payees at least 15 days before the certification period expires that program benefits will end.

Reference: CFR §246.7

Procedure:

1. Issue checks through WIC Net based on their established frequency.
2. The participant should be scheduled for recertification within 30 days prior to their certification end date.
3. If the participant fails to show for the recertification appointment, they can be recertified within 30 days after the certification end date and checks will be prorated by the system for that month.
4. If the participant returns to be certified more than 30 days after their last cert end date, they will start an entirely new certification.

POLICY: CRT: 12.0

Subject: Infant Mid-Certification Medical Update

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Four nutrition education contacts shall be offered to infants enrolled under five months of age. One of the four nutrition education contacts shall be the infant mid-certification medical update.

WIC benefits shall not be denied if the mid-certification medical update is missed or if data indicates the infant is no longer at nutritional risk.

Reference: CFR §246.7 and CFR §246.11

Procedure:

1. Schedule the mid-certification medical update visit midpoint between the initial certification and the infant's first birthday.
2. Have the payee/proxy complete a new *What is Your Baby Eating?* (WIC-305I).
 - File completed form in the participant's record.
3. Collect length and weight.
 - Document on the Medical Screen in WIC Net.
4. Review the Health Screen in WIC Net and document any changes in health status under the "Notes" button in WIC Net.
5. Assess the health/medical data and diet information changes.
6. Provide nutrition education to the payee/proxy on the infant's nutritional risks.
7. Document nutrition education and referrals provided on the Care Plan Screen in WIC Net.

POLICY: CRT: 13.0

Subject: WIC Out-of-State Transfer Card Issuance

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies must issue a WIC Transfer (VOC) to participants who move or plan to move during the certification period and to participants who are members of a migrant or homeless family. Issue a WIC transfer VOC to military participant, civilian participants who work for the military and employees of companies who contract with the military.

Reference: CFR §246.7

Procedure:

1. Local Agencies must:

- a. Ask participants/payees at the certification visit if they plan to move during the certification period.
 - b. Issue a WIC Transfer VOC to all participants who move or plan to move during the certification period and to participants who are members of a migrant or homeless family.
 - c. Instruct participants receiving a WIC Transfer VOC on its use and encourage them to continue to participate in the program.
2. If a WIC Transfer VOC is issued after the client has moved, the Local Agency must mail the VOC by certified mail.
- a. File the receipt in the participant's record.

POLICY: CRT: 13.1.1

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Subject: WIC Out-of-State Transfer Card-Acceptance

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: A WIC Transfer Card is valid until the certification period expires and must be accepted as proof of eligibility for WIC benefits. A valid DOD WIC overseas transfer document must be accepted as proof of eligibility for WIC benefits in the USDA WIC program.

In the event of a waiting list, participants with a valid WIC Transfer Card must be placed on the list ahead of all other applicants.

Reference: CFR §246.7

Procedure:

1. If a valid WIC Transfer Card or certification document is presented, add the participant without assessing financial or nutritional eligibility.
 - a. Collect the WIC Transfer Card, enter data into WIC Net and file in the participant's record.

Exception: For migrant and homeless participants, photocopy the WIC Transfer Card for the participant's record and return the original card to the participant.
 - b. Collect, void and return any checks issued by the original agency.
 - Send the voided checks to the State WIC Office if the original agency's address is unknown.
 - c. Provide basic nutrition education and make appropriate referrals.

- d. Prescribe a food package.
 - e. Issue a WIC ID Folder and explain check usage procedures.
 - f. Review Participant's Rights and Responsibilities and obtain the participant/payee's signature on the WIC-310. File in the participant's record.
2. If a participant does not have a valid WIC Transfer Card or certification document certify him/her as you would any other applicant.

Subject: WIC Out-of-State Transfer Card Acceptance

3. Participants with a WIC Transfer Card that lack the name, certification date, and/or date certification expires are not immediately entitled to WIC benefits.
 - a. Contact the original agency for certification information. If the data is not readily available or the client prefers, determine eligibility within 10 days of the request for services.

POLICY: CRT: 13.2.1

Subject: Transfer of Participant Records

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: A participant's record may be transferred only after the receiving agency notifies the original agency and the original agency has transferred the participant.

Procedure:

1. The receiving agency must contact the original agency in writing to request the participant's record.
 - a. File written request at the original agency.
2. For a WIC-only record, the receiving agency can obtain a copy of the latest certification form printed from the "Front-end" System
 - a. Retain the participant's record at the original agency.
 - b. CPA's at the receiving agency may request the entire record from the original agency, if needed.
3. Coordinate the transfer of an integrated clinic record with the nursing staff.
 - a. Make copies and file the following information:
 - all CHS-1's
 - nutrition documentation and any other medical data.
 - b. Mail the entire record by certified mail or hand deliver to the receiving agency.
 - c. File the certified mail receipt with the other record information.

POLICY: CRT: 13.2

Subject: In-State Transfers

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies must assist participants to move within the state without loss of benefits.

Procedure:

1. In-State transfers are initiated when the payee/client actually arrives at the receiving/new agency for services. Even if the client makes an appointment, the computer transfer should not be done until they actually arrive for service.
2. The receiving/new district/site calls the losing district/site to request the change in site code. The receiving/new district must provide the WIC Family ID number, payee and/or client names and new site ID.
3. Any site within a district can process transfers from any other site within that district.
4. All Health Districts must take calls for transfers during working hours. Districts are required to provide a telephone number designated for the purpose of transfers to the State Office. This can be a non-public number used only for transfers. Any changes must be reported as well.
5. The losing district/site will follow the WIC Net In-State transfer procedure.
6. If the entire District is closed because of inclement weather, emergencies, or if outside of normal business hours, the staff person at the receiving district with the WLAMGR security role can process the transfer. However, before this can be done for any other reason, the receiving district must notify their Operations Liaison of the reason for their action.
7. If the person with this security role is not available, the receiving agency should contact the WIC Net Help Desk for assistance. The Help Desk will document the call and the reason for their involvement.
8. Excessive “pulling” of transfer and/or use of the Help Desk for transfers will be reported to Health District Directors.

POLICY: FDS: 01.0
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Subject: Approved Foods

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Participants may buy only foods listed on the *Virginia WIC Program Approved Food List*. The *Food List* is revised periodically. Always use the *Food List* with the most current effective date. No other food list should be used. Contact the State WIC Office for information regarding the *Food List*.

Reference: CFR §246.10

Virginia WIC Program Food List

Effective October 1, 2002

Breast Fed is Best Fed – Breastfeeding moms get extra juice, cheese and beans, plus tuna and carrots if they receive no formula.	
Tuna	6 to 6.5 oz chunk light, water or oil packed (any brand) Not allowed: chunk white, solid white, solid light, fillet, low sodium, dietetic, vacuum packed or fancy albacore
Carrots	1 or 2 lb bag fresh (whole, unpeeled) or 14 – 20 oz can, sliced (any brand) Not allowed: baby, julienne or organic
Milk	The least expensive brand <u>available</u> Gallons only unless another size is stated on the check *Fat Free-Skim or Non-fat Milk *Low Fat: ½%, 1% Reduced Fat: 2% Whole Milk Other milk products that may be stated on the check – Lactose reduced, lactose free (fat free, ½%, 1%, 2%, whole), nonfat dry, evaporated, skim, whole or UHT. * Be good to your heart. Adults and children 2 and over should drink fat free and low fat milk. Not allowed: flavored, soy, sweetened condensed, goat, buttermilk, deluxe skim, organic or extended shelf life

Subject: Approved Foods

Virginia WIC Program Food List (Cont.)

Eggs	<p>One dozen carton only Medium or large (white only)</p> <p>Not allowed: specialty eggs, egg substitutes, Egg Land's Best or organic</p>								
Cheese	<p>Prepackaged, block or sliced</p> <p>12 oz or 0.75 lb package or larger</p> <table> <tr> <td>American</td><td>Muenster</td></tr> <tr> <td>Cheddar</td><td>Provolone</td></tr> <tr> <td>Colby</td><td>Monterey Jack</td></tr> <tr> <td>Longhorn</td><td>Swiss</td></tr> </table> <p>Mozzarella (whole or part skim)</p> <p>8 oz or .50 lb package or larger</p> <p>Kraft Natural Reduced-fat Cheese Richfood 50% Reduced-fat Cheddar Cheese</p> <p>Not allowed: individually wrapped, cheese food, cheese product, cheese spread, flavored, smoked, string, imitation, shredded, imported, deli, mixed or cubed cheese</p>	American	Muenster	Cheddar	Provolone	Colby	Monterey Jack	Longhorn	Swiss
American	Muenster								
Cheddar	Provolone								
Colby	Monterey Jack								
Longhorn	Swiss								
Peanut Butter	<p>18 oz jar</p> <p>Creamy, crunchy or extra crunchy</p> <p>Not allowed: peanut butter blends, peanut spread, natural, low fat, fortified or low sodium</p>								
Beans	<p>1 lb bag</p> <p>Dry beans, peas or lentils</p> <p>Not allowed: frozen, fresh or flavored</p>								

Subject: Approved Foods

Virginia WIC Program Food List (Cont.)

WIC Juices	<p>46 oz can or 46 oz plastic bottle – 100% Juice, Unsweetened</p> <ul style="list-style-type: none"> Seneca Apple Juice Lucky Leaf Apple Juice White House Apple Juice Dole Pineapple Juice Del Monte Pineapple Juice Pineapple Juice (store brand) – 100% Hawaiian USA Juicy Juice (all flavors) Orange Juice (any brand) Grapefruit Juice (any brand) Campbell's Tomato Juice – Regular or Low Sodium V8 Vegetable Juice – Original or Low Sodium <p>Infants under 1 year of age should never be given juice with added calcium.</p> <p>Not allowed: fruit drinks, reduced acid or refrigerated juice</p> <p>12 oz can frozen fruit juice</p> <ul style="list-style-type: none"> Seneca Apple Juice Lucky Leaf Apple Juice Dole Pineapple Juice Orange Juice (any brand) Grapefruit Juice (any brand) – Regular, Country Style or Calcium Fortified
Infant Formula	<p>The brand, size, type and quantity <u>specified on the check</u> must be purchased.</p> <ul style="list-style-type: none"> Nestle Carnation Baby Formulas Other brand may be stated on check <p>Not allowed: substitutions or the purchase of less than the number stated on the check</p>
Infant Cereal	<p>8 oz or 16 oz box</p> <ul style="list-style-type: none"> Rice, oatmeal or barley <p>Not allowed: mixed, organic or cereal with fruit</p>

Subject: Approved Foods**Virginia WIC Program Food List (Cont.)**

WIC Approved Cereals	<p>General Mills Cheerios – Plain or Multi-Grain Total – Whole Grain Kix – Regular Chex – Corn, Rice, Wheat or Multi-Bran</p> <p>Kelloggs Corn Flakes Frosted Mini-Wheats – Regular or Bite Size Frosted Mini Wheats – Raisin or Strawberry Special</p> <p>Quaker Instant Oatmeal – Regular Flavor 11 oz or larger Instant Grits – All Flavors Life – Regular King Vitaman</p> <p>Nabisco Instant Cream of Wheat Hot Cereal – Regular, Quick, Instant (original flavor)</p> <p>Post Honey Bunches of Oats</p>
Store Brand Cereals	<p><u>CAMELLIA FOOD STORE (Richfood Brand)</u> Corn Flakes Tasteeos Bite Size Frosted Shredded Wheat</p> <p><u>FOOD CITY</u> (Food Club Brand) Corn Flakes Crisp Rice Toasted Oats Bite Size Frosted Shredded Wheat</p> <p><u>GREAT VALUE</u> (Richfood Brand) Corn Flakes Tasteeos Bite Size Frosted Shredded Wheat</p>

Subject: Approved Foods**Virginia WIC Program Food List (Cont.)**

Store Brand Cereals (Cont.)	<p><u>WAL-MART</u> (Great Value Brand)</p> <ul style="list-style-type: none"> Corn Flakes Crisp Rice Toasted Oat Bite Size Frosted Shredded Wheat <p><u>FARM FRESH / RACK & SACK</u> (Richfood Brand)</p> <ul style="list-style-type: none"> Corn Flakes Tasteeos Bite Size Frosted Shredded Wheat <p><u>FOOD LION</u> (Food Lion Brand)</p> <ul style="list-style-type: none"> Corn Flakes Crispy Rice Tasteeos Enriched Bran Flakes Bite Size Frosted Shredded Wheat <p><u>IGA</u> (IGA Brand)</p> <ul style="list-style-type: none"> Corn Flakes Toasted Oats Enriched Bran Flakes Bite Size Frosted Shredded Wheat <p><u>SAFEWAY</u> (Safeway Brand)</p> <ul style="list-style-type: none"> Corn Flakes Toasted Oats Crunchy Nuggets <p><u>WINN DIXIE</u> (Kountry Fresh Brand)</p> <ul style="list-style-type: none"> Corn Flakes Crispy Rice Toasted Oats Nutty Nuggets Enriched Bran Flakes Bite Size Frosted Shredded Wheat
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Subject: Approved Foods

Virginia WIC Program Food List (Cont.)

Store Brand Cereals (Cont.)	<p><u>GIANT</u> (Super G Brand) Corn Flakes Crispy Rice Tasteeos Nutty Nuggets Enriched Bran Flakes</p> <p><u>KROGER</u> (Kroger Brand) Corn Flakes Toasted Oats Nutty Nuggets Bite Size Frosted Shredded Wheat</p> <p><u>UKROPS</u> (Ukrops Brand) Corn Flakes Crispy Rice Tasteeos</p> <p>MANUFACTURER'S BRANDS</p> <p>RICHFOOD BRANDS Corn Flakes Tasteeos Nutty Nuggets Bite Size Frosted Shredded Wheat</p>
Ways to buy up to 36 oz of cold and hot cereal	<p>12 oz + 12 oz + 12 oz 18 oz + 12 oz to 18 oz 20 oz + 12 oz to 16 oz 20.4 oz + 12 oz to 15.5 oz 21 oz + 12 oz to 15 oz 24 oz + 12 oz 28 oz to 36 oz</p>

Subject: Food Packages

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The food given to a participant each month is called the food package. The food package is listed on WIC food checks that the participant receives.

Food packages may be customized to change the quantities of foods prescribed.

Special Needs food package prescription must be customized to prescribe special formula (s).

Reference: CFR §246.10

POLICY: FDS: 02.1

Subject: Prescribing the Food Package

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The Competent Professional Authority (CPA) shall prescribe the appropriate food package for each participant, taking into consideration the participant's category, age, nutritional/medical need and living circumstances. All changes to a participant's food package prescription must be made by a CPA.

Reference: CFR §246.10

Procedure:

1. Determine normal food consumption patterns, food preferences and inadequate intakes using the appropriate food frequency questionnaire.
 - a. Ask probing questions to determine the type and amount of food and beverages consumed.
 - b. Use food models, cups and other aids to determine portion sizes.
 - c. Ask about preparation methods to determine calories, fat, sugar, and salt intake.
 - d. Find out when, where, and with whom meals and snacks are routinely consumed.
2. Prescribe the appropriate foods on the food package prescription screen in WIC Net considering the participant's nutritional needs/food preferences.
 - a. The maximum amount of food allowed for the participant's category may not be exceeded. See FDS 02.2 *Maximum Food Allowed* tables in this chapter.
 - b. The CPA should customize the food package prescription to meet the participant's nutritional needs.
 - c. One food group may not be substituted for another. Example: In the case of milk intolerance, the egg group may not be substituted for the milk group.

POLICY: FDS: 02.2.1**Subject: Food Package Prescription – Pregnant**

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The food package prescription for pregnant women shall be customized to change quantities of foods prescribed to meet the participant's nutritional needs, food preferences and/or household conditions. The Special Needs food package prescription shall be customized to prescribe special formula(s).

Four pounds of cheese shall only be prescribed for pregnant participants who are underweight, lactose intolerant or have a strong dislike of milk. (FNS Instruction 804-1)

FOOD PACKAGE PRESCRIPTIONS

Pregnant Maximum #1 Package
Pregnant Maximum #2 Package
Pregnant with Special Needs

Food Package	Milk	Cheese	Eggs	Beans/Peanut Butter	Juice	Cereal
Pregnant Maximum #1	4 gal.	4 lbs.	2 doz.	1 lb. or 18 oz.	6 cans (46 oz or 12 oz.)	36 oz.
Pregnant Maximum #2	5 gal.	2 lbs.	2 doz.	1 lb. or 18 oz.	6 cans (46 oz or 12 oz.)	36 oz.
Pregnant with Special Needs	Special Formula				6 cans (46 oz or 12 oz.)	36 oz.

POLICY: FDS: 02.2.2**Subject: Food Package Prescription – Breastfeeding**

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The food package prescription for breastfeeding women shall be customized to change quantities of foods prescribed to meet the participant's nutritional needs, food preferences and/or household conditions. The Special Needs food package prescription shall be customized to prescribe special formula(s).

Four pounds of cheese shall only be prescribed for breastfeeding participants who are underweight, lactose intolerant or have a strong dislike of milk. (FNS Instruction 804-1)

FOOD PACKAGE PRESCRIPTIONS

Exclusively Breastfeeding Maximum Package
Exclusively Breastfeeding with Special Needs
Breastfeeding Maximum Package
Breastfeeding Minimum Package
Breastfeeding with Special Needs

EXCLUSIVELY BREASTFEEDING FOOD PACKAGE PRESCRIPTION

A woman who is **exclusively** breastfeeding will receive the following additional foods:

4 cans 6 - 6.5 oz tuna
 1 pound cheese
 2 pounds raw carrots or 2 cans of 14/20 ounce carrots
 1 pound dried beans/peas
 1 46-oz. can juice or 1 12-oz. can frozen concentrate juice

Food Package	Milk	Cheese	Eggs	Beans/Peanut Butter	Juice	Cereal
Exclusively Breastfeeding Maximum	4 gal.	4 lbs.	2 doz.	1 lb. or 18 oz.	6 cans (46 oz or 12 oz.)	36 oz.
Exclusively Breastfeeding with Special Needs	Special Formula				3 cans (46 oz or 12 oz.)	36 oz.
Breastfeeding Maximum	4 gal.	4 lbs.	2 doz.	1 lb. or 18 oz.	6 cans (46 oz or 12 oz.)	36 oz.
Breastfeeding Minimum	4 gal.	2 lbs.	2 doz.	1 lb. or 18 oz.	6 cans (46 oz or 12 oz.)	36 oz.
Breastfeeding with Special Needs	Special Formula				3 cans (46 oz or 12 oz.)	36 oz.

POLICY: FDS: 02.2.3

Subject: Food Package Prescription – Postpartum

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The food package prescription for postpartum women shall be customized to change quantities of foods prescribed to meet the participant's nutritional needs, food preferences and/or household conditions. The Special Needs food package prescription shall be customized to prescribe special formula(s).

Four pounds of cheese shall only be prescribed for postpartum participants who are underweight, lactose intolerant or have a strong dislike of milk. (FNS Instruction 804-1)

FOOD PACKAGE PRESCRIPTIONS

Postpartum Maximum Package
Postpartum Standard Package
Postpartum with Special Needs

Food Package	Milk	Cheese	Eggs	Beans/Peanut Butter	Juice	Cereal
Postpartum Maximum	3 gal.	4 lbs.	2 doz.		4 cans (46 oz or 12 oz.)	36 oz.
Postpartum Standard	4 gal.	2 lbs.	2 doz.		4 cans (46 oz or 12 oz.)	36 oz.
Postpartum with Special Needs	Special Formula				3 cans (46 oz or 12 oz.)	36 oz.

POLICY: FDS: 02.2.4
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Subject: Food Package Prescription – Infant

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The food package prescription for infants shall be customized to change quantities of foods prescribed to meet the participant's nutritional needs and/or household conditions. The Special Needs food package prescription shall be customized to prescribe special formula(s). Less than the maximum amount of infant formula shall be prescribed to partially breastfed infants (see Policy FDS: 2.3.5).

FOOD PACKAGE PRESCRIPTIONS

Food Package	Formula	Juice	Infant Cereal
0 to 6 months Exclusively Breastfeeding			
0 to 6 months Carnation Alsoy Concentrate	31 cans (13 oz.)		
0 to 6 months Carnation Alsoy Powder	9 cans (14 oz.)		
0 to 6 months Carnation Alsoy Ready to Feed	25 cans (32 oz.)		
0 to 6 months Carnation Good Start Concentrate	31 cans (13 oz.)		
0 to 6 months Carnation Good Start	10 cans (12 oz.)		

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Powder			
0 to 6 months Carnation Good Start Ready to Feed	25 cans (32 oz.)		
0 to 6 months with Special Needs	Special Formula		

Subject: Food Package Prescription – Infant**FOOD PACKAGE PRESCRIPTIONS (Cont.)**

Food Package	Formula	Juice	Infant Cereal
6 to 12 months Exclusively Breastfeeding		2 cans (46 oz. or 12 oz.)	3 boxes (8 oz.)
6 to 12 months Carnation Alsoy Concentrate	31 cans (13 oz.)	2 cans (46 oz. or 12 oz.)	3 boxes (8 oz.)
6 to 12 months Carnation Alsoy Powder	9 cans (14 oz.)	2 cans (46 oz. or 12 oz.)	3 boxes (8 oz.)
6 to 12 months Carnation Alsoy Ready to Feed	25 cans (32 oz.)	2 cans (46 oz. or 12 oz.)	3 boxes (8 oz.)
6 to 12 months Carnation Good Start Concentrate	31 cans (13 oz.)	2 cans (46 oz. or 12 oz.)	3 boxes (8 oz.)
6 to 12 months Carnation Good Start Powder	10 cans (12 oz.)	2 cans (46 oz. or 12 oz.)	3 boxes (8 oz.)
6 to 12 months Carnation Good Start Ready to Feed	25 cans (32 oz.)	2 cans (46 oz. or 12 oz.)	3 boxes (8 oz.)
6 to 12 months Carnation Follow Up Concentrate	31 cans (13 oz.)	2 cans (46 oz. or 12 oz.)	3 boxes (8 oz.)
6 to 12 months Carnation Follow Up Powder	10 cans (12 oz.)	2 cans (46 oz. or 12 oz.)	3 boxes (8 oz.)
6 to 12 months Carnation Follow Up Ready to Feed	25 cans (32 oz.)	2 cans (46 oz. or 12 oz.)	3 boxes (8 oz.)
6 to 12 months Carnation Follow Up Soy Powder	9 cans (14 oz.)	2 cans (46 oz. or 12 oz.)	3 boxes (8 oz.)
6 to 12 months with Special Needs	Special Formula	2 cans (46 oz. or 12 oz.)	3 boxes (8 oz.)

Subject: Food Package Prescription – Child

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The food package prescription for children shall be customized to change quantities of foods prescribed to meet the participant's nutritional needs, food preferences and/or household conditions. The Special Needs food package prescription shall be customized to prescribe special formula(s).

Children under 2 years of age may not receive beans/peas or peanut butter.

Four pounds of cheese shall only be prescribed for children who are underweight, lactose intolerant or have a strong dislike of milk. (FNS Instruction 804-1)

FOOD PACKAGE PRESCRIPTIONS

Child 1 to 2, Maximum Package
Child 1 to 2, Standard Package
Child 1 to 2 with Special Needs
Child over 2, Maximum Package
Child over 2, Standard Package
Child over 2 with Special Needs

Food Package	Milk	Cheese	Eggs	Beans/Peanut Butter	Juice	Cereal
Child 1 to 2, Maximum	3 gal.	4 lbs.	2 doz.		6 cans (46 oz. or 12 oz.)	36 oz.
Child 1 to 2, Standard	4 gal.	2 lbs.	2 doz.		4 cans (46 oz. or 12 oz.)	36 oz.
Child 1 to 2 with Special Needs	Special Formula				3 cans (46 oz. or 12 oz.)	36 oz.
Child over 2, Maximum	3 gal.	4 lbs.	2 doz.	1 lb. or 18 oz.	6 cans (46 oz. or 12 oz.)	36 oz.
Child over 2, Standard	4 gal.	2 lbs.	2 doz.	1 lb. or 18 oz.	4 cans (46 oz. or 12 oz.)	36 oz.
Child over 2 with Special Needs	Special Formula				3 cans (46 oz. or 12 oz.)	36 oz.

POLICY: FDS: 02.2
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Subject: Maximum Food Allowed

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The maximum quantity of WIC foods must be made available to any participant based upon nutrition needs.

Reference: CFR §246.10

PREGNANT AND BREASTFEEDING WOMEN	
FOOD	MAXIMUM ALLOWED PER MONTH
Whole, Low-Fat, or Skim Milk (fluid)	28 quarts
Evaporated Milk	28 12-oz. cans
Non-Fat Dry Milk	28 quarts (reconstituted)
Cheese	May substitute 1 lb. cheese for 3-qt. Fluid milk to a max. of 4 lb.
Eggs	2 dozen
Dry Beans or Peas	1 pound
Peanut Butter	18-oz.
Cereal (hot or cold)	36-oz. dry
Juice	6 46-oz. cans. single-strength juice (276 fl. oz); or 6 12-oz. cans frozen concentrate (288 fl. oz. reconstituted juice)
POSTPARTUM WOMEN	
FOOD	MAXIMUM ALLOWED PER MONTH
Whole, Low-Fat, or Skim Milk (fluid)	24 quarts
Evaporated Milk	24 12-oz. cans
Non-Fat Dry Milk	24 quarts (reconstituted)
Cheese	May substitute 1 lb. cheese for 3-qt. Fluid milk to a max. of 4 lb.
Eggs	2 dozen
Cereal (hot or cold)	36-oz. dry
Juice	4 46-oz. cans single-strength juice (184 fl. oz.); or 4 12-oz. cans frozen concentrate (192 fl. oz. reconstituted juice)
CHILDREN AND WOMEN WITH SPECIAL NEEDS	
FOOD	MAXIMUM ALLOWED PER MONTH
Concentrated Formula	31 13-oz. cans (403-fl. oz.) Addition: 4 13-oz. cans (52 fl. oz) *
Powdered Formula	8 pounds (128-oz.) Addition: 1 pound *
Ready to Feed Formula	25 32-oz. cans (806-fl. oz.) Addition: 3 32-oz cans (104-fl. oz.) *

Subject: Maximum Food Allowed**MAXIMUM FOOD ALLOWED PER MONTH (Cont.)****CHILDREN AND WOMEN WITH SPECIAL NEEDS (Cont.)**

*** The additional amounts of formula may be provided with documentation of need by the CPA.**

Cereal (hot or cold)	36-oz. dry
Juice	3 46-oz. cans single-strength juice (138 fl. oz.); or 3 12-oz. cans frozen concentrate (144 fl. oz. reconstituted juice)

INFANTS 0 - 6 MONTHS

FOOD	MAXIMUM ALLOWED PER MONTH
Concentrated Formula	31 13-oz. cans (403-fl. oz.)
Powdered Formula	8 pounds (128-oz.)
Ready to Feed Formula	25 32-oz. cans or bottles (806-fl. oz.)

INFANTS 6 - 12 MONTHS

FOOD	MAXIMUM ALLOWED PER MONTH
Formula	As specified above
Infant Cereal	24-oz. dry
Juice	2 46-oz. cans single-strength juice (92 fl. oz.); or 2 12-oz. cans frozen concentrate (96 fl. oz. reconstituted juice)

CHILDREN 1 TO 5 YEARS

FOOD	MAXIMUM ALLOWED PER MONTH
Whole, Low-Fat, or Skim Milk (fluid)	24 quarts
Evaporated Milk	24 12-oz. cans
Non-Fat Dry Milk	24 quarts (reconstituted)
Cheese	May substitute 1 lb. cheese for 3-qt. fluid milk to a max. of 4 lb.
Eggs	2 dozen
Dry Beans or Peas *	1 pound
Peanut Butter *	18-oz.
Cereal (hot or cold)	36-oz. dry
Juice	6 46-oz. cans single-strength juice (276 fl. oz.); or 6 12-oz. cans frozen concentrate (288 fl. oz. reconstituted juice)

*** BEANS AND PEANUT BUTTER ARE NOT ALLOWED FOR CHILDREN UNDER TWO.**

Subject: Maximum Food Allowed**MAXIMUM FOOD ALLOWED PER MONTH (Cont.)**

Container Size/Type	Maximum Amount Allowed Per Month
16-oz. (1 lb.) powder	8 cans
14-oz. powder	9 cans
14.3-oz. powder	8 cans
12-oz. powder	10 cans
13 fl. oz. concentrate	31 cans
32 fl. oz. ready-to-feed	25 cans or bottles
8 fl. oz. ready-to-feed	100 cans

Container Size/Type	Maximum Amount Allowed Per Month
6 fl. oz. ready-to-feed	134 cans
4 fl. oz. ready-to-feed	200 cans
3 fl. oz. ready-to-feed	268 cans
2 fl. oz. ready-to-feed	403 cans
80 grams powder	45 packets
5 oz. pudding	160 cans

The maximum amount of formula allowed per month is:

403 fl. oz. concentrate, or
806 fl. oz. ready-to-feed, or
128 oz. powdered formula.

Children and women with special needs can receive an additional:

52 fl. oz. concentrate, or
104 fl. oz. ready-to-feed, or
16 oz. powdered formula.

Reminder: CPA must document need for additional formula in the participant's record on the Food Package Prescription Screen in WIC Net.

Subject: Lactose Reduced/Lactose Free Food Package

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Prescribe a lactose-reduced/lactose-free food package for individuals intolerant to regular cow's milk.

Procedure:

1. Determine the amount of lactose-reduced/lactose-free milk the participant needs and the container size (half-gallons or quarts). See FDS 02.2 *Maximum Food Allowed* tables.
2. Prescribe the appropriate foods in WIC Net customizing the food package prescription to meet the participant's needs.
3. Document the reason(s) for prescribing lactose-reduced/lactose-free milk in the "Comments" field on the Food Package Prescription screen in WIC Net.

POLICY: FDS: 02.3.2

Subject: Convenience Food Package

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Prescribe a convenience food package for migrants, homeless persons, disaster victims or incarcerated women with limited or no cooking and refrigeration facilities.

Procedure:

1. Prescribe foods to meet the participant's needs by customizing the food package prescription in WIC Net.
2. The CPA may prescribe the following:
 - a. UHT milk, dry or evaporated milk for regular milk. UHT milk may be purchased in quarts or 8 oz. boxes.
 - b. 6 oz. cans single-strength fruit juice (six pack only) for regular canned/bottled or frozen concentrate juice.

Example: 276 oz. fruit juice = 42 6-oz. cans single-strength fruit juice (7 six-packs)

- c. Beans/eggs may be prescribed depending upon the availability of cooking and refrigeration facilities.
- d. Ready-to-feed infant formula in 4 oz. or 8 oz. bottles/cans may be prescribed depending upon availability.

3. Document the reason(s) for prescribing the convenience food package in the “Comments” field on the Food Package Prescription screen in WIC Net.

POLICY: FDS: 02.3.3

Subject: Low Fat Food Package

Effective Date: October 1, 2002

Policy: To reduce the fat content of a food package, tailor the quantities of milk, cheese, beans and peanut butter.

Procedure:

1. Limit the amount of cheese substituted for milk to one or two pounds per month unless the participant is underweight, lactose intolerant or has a strong dislike for milk.
2. Prescribe the use of dried beans instead of peanut butter to pregnant and breastfeeding women or children who are overweight if acceptable to client.
3. Prescribe the use of low-fat milk for children older than 2 years of age and older if acceptable to client.
4. Prescribe the use of skim or reduced fat milk for overweight women if acceptable to client.

POLICY: FDS: 02.3.4

Subject: Calcium Fortified Juice

Effective Date: October 1, 2001

Policy: Prescribe calcium added juice for individuals who dislike, have an allergy or are intolerant to regular cow's milk.

Calcium added juice is not authorized for children under one year of age (as it can cause an imbalance of the phosphorus: calcium ratio).

Procedure:

1. Assess the amount of calcium the participant usually consumes on a daily basis.
2. Educate participant on alternative methods of including dairy products or other calcium rich sources in their diet such as lactose-reduced milk, cheese, yogurt, canned fish with bones, dark green leafy vegetables and calcium fortified juice.
3. Educate participants to have a calcium intake between Adequate Intake (AI) and the highest level recommended without risk of adverse health effects (UL). * See table below.

	AI	UL
Infants (0 to 12 months)	To be determined	
Children (1 to 3 years)	500 mg/day	2,500 mg/day
Children (4 to 8 years)	800 mg/day	2,500 mg/day
Girls (9 to 18 years)	1,300 mg/day	2,500 mg/day
Women (19 – 50 years includes pregnant, lactating, post-partum)	1,000 mg/day	2,500 mg/day

4. Determine the amount of juice and customize the food package prescription. See *Maximum Food Allowed* tables.
5. Document the reason(s) for recommending calcium fortified juice in the Comments field on the Food Package Prescription Screen in WIC Net.

* Reference: Dietary Reference Intakes for Calcium, Phosphorus, Magnesium, Vitamin D and Fluoride. Food and Nutrition Board, Institute of Medicine 1999.

POLICY: FDS: 02.3.5
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Subject: Breastfeeding Woman/Infants Receiving Formula

Effective Date: February 3, 2003

Revised from: October 1, 2002

Policy: A breastfeeding woman's food package prescription shall be tailored when her infant receives formula. WIC staff must inform the breastfeeding woman of the impact formula supplementation will have on breastfeeding.

Procedure:

1. Before providing formula to a breastfeeding infant:
 - a. Inform the breastfeeding woman that supplementing with formula will reduce her milk supply and decrease the nutritional, developmental, and protective health benefits her baby receives from breastfeeding, especially during the first weeks after birth when her milk supply is not fully established.
 - b. Inform the breastfeeding woman of the behavioral and emotional support available through WIC and encourage them to seek assistance with breastfeeding concerns before offering formula supplements.
2. Formula checks or samples should be given only when specifically requested by the breastfeeding woman.
3. Prescribe powdered formula to the breastfeeding woman who wishes to supplement.
 - a. Prescribe only powdered formula to infants receiving a partial food package. Powered formula is the only formula in WIC Net that is allowed to be customized to be less than a

full month's supply. Breastfeeding infants prescribed a full formula package can be prescribed concentrated or ready to feed as indicated.

- b. The amount of formula prescribed is based on the CPA's evaluation of breastfeeding frequency. Refer to the *Powdered Formula for Breastfeeding Infant Guidelines* in Appendix 4.
 - c. The CPA must document the reason when a breastfeeding infant is given formula in the Comments field on the Food Package Prescription Screen in WIC Net.
4. When formula is given to a breastfeeding infant, tailor the breastfeeding woman's food package prescription using the list below. These food packages may be customized to meet each woman's individual needs.
- a. More breastfeeding than formula feeding – Breastfeeding Woman Maximum Package
 - b. Breastfeeding formula feeding – Breastfeeding Woman Minimum Package
 - c. Less breastfeeding than formula feeding – Breastfeeding Woman Minimum Package

POLICY: FDS: 02.3.5
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Subject: Breastfeeding Woman/Infants Receiving Formula

- d. Full formula prescription – Postpartum Woman Standard Package

POLICY: FDS: 02.3

Subject: Tailoring Food Packages

Effective Date: October 1, 2002

Policy: Tailoring food packages is essential to better meet the nutritional needs of participants.

Tailoring shall be done for the following reasons:

- Nutritional needs
Example: provide less milk, juice, and cereal for a 1year old child vs. 4 year old child
- Participant preferences
Example: provide all milk and no cheese due to participant taste
- Household conditions
Example: provide dry milk to participants who do not have refrigerator
- Food intolerance

Example: provide lactose reduced milk for lactose intolerance

POLICY: FDS: 02.4.1

Subject: Addition of Juice and Cereal to Infant Food Package

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Infants six months and older may receive adult juice and infant cereal.

Reference: CFR §246.10

Procedure:

1. Choose the 6 to 12 month food package in WIC Net to add juice and cereal to the infant food package prescription. The following foods will be added:
 - Two 46-oz. cans/bottles of adult single strength juice or two 12 oz. cans of frozen juice concentrate
 - Three 8-oz. boxes of infant cereal
2. To change the amount of juice or cereal prescribed, customize the 6 to 12 month food package.

POLICY: FDS: 02.4.2

Subject: Child's Food Package Prescription

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Children one year and older should receive a child's food package. Children may not receive beans/peanut butter until they are 2 years old to avoid the possibility of choking.

Reference: CFR §246.10

Procedure:

1. Prescribe the child food package in WIC Net that is appropriate for the child's age.
 - a. Food package prescriptions for children over 2 may include dried beans/peas and peanut butter.
 - b. Prescribe the special needs food package for children requiring an infant or special formula. Select the appropriate special needs food package depending upon the age of the child and customize to prescribe the formula needed.

POLICY: FDS: 02.4

Subject: Changing a Food Package

All changes to a participant's food package must be made by a CPA.

POLICY: FDS: 03.1.1
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Subject: Contract Formula Samples

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The State WIC Office has established a monthly allotment that will be automatically distributed to each local agency. Local agencies that want to increase or decrease their monthly allotment must contact the State WIC Office. All requests to increase the monthly allotment must be approved by the State WIC Office Management Team.

Local Agencies shall receive the following contract sample formulas from Nestle USA:

- **Carnation Good Start 13 fl. oz., concentrate**
- **Carnation Good Start 12 oz., powder**
- **Carnation Alsoy 13 fl. oz., concentrate**
- **Carnation Alsoy 14 oz., powder**

Contract formula samples shall only be used:

- a. **On a trial basis to determine formula tolerance**
- b. **For emergencies during natural or man-made disasters where access to the WIC site(s) is prohibited due to damage, unsafe conditions or disruption of public services**
- c. **As an educational tool to teach parents/guardians the correct brand, size, and method of preparation**
- d. **For a maximum of 10 days to applicants who are waiting for their first certification appointment**
- e. **For a maximum of one month when formula checks are lost/stolen and cannot be replaced by policy**

Contract formula samples shall not be:

- a. **Given to breastfeeding women, unless requested**
- b. **Given to applicants who have already received contract sample formula and have missed one or more appointments**
- c. **Distributed in nutrition education classes or used as an incentive to promote class attendance**
- d. **Given to replace formula on expired checks**

POLICY: FDS: 03.1.1
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Subject: Contract Formula Samples

- e. Distributed to Local Agency staff
- f. Displayed in clinic areas
- g. Given in addition to the maximum allowable amount already received through checks.

Procedure:

1. Issue contract formula samples following policy.
 - a. For situations not stated above, contact the State Nutritionist assigned to your health district for guidance.
2. Contact the State WIC Office to request a change in the amount of sample formula needed.
3. Store contract sample formula so that it is not visible in the clinic area or to participants.

POLICY: FDS: 03.1.2
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Subject: Ordering Contract Formula Samples

Effective Date: October 1, 2002

Supersedes: July 1, 2001 Revision

1. A contract sample formula order form will be emailed as an attachment to a designated State office contact once a month.
2. Upon receiving the e-mail save the attachment file "sample formula order" onto your computer hard drive or network.
3. Open the contract sample formula order file using Microsoft-EXCEL.
4. Enter the information in the following fields of the contract sample formula order form:

HD# - Health District Number	Phone - Telephone Number
Date - The current date	LHD # - Local Agency Code
Person Placing order	Delivery Instructions

5. Enter your requested "Per Case" quantity below the product name in the form for each site.
6. Enter the contact person for each site in the sample formula order form only once.
7. After completing the contract sample formula order form save the file onto your computer hard drive or network.
8. E-mail the contract sample formula order form as an attachment to the designated State office contact by the 20th of the month (Friday if the 20th day is on a weekend).

9. The contract sample formula order form must be submitted by e-mail or fax by the 20th of each month (Friday if the 20th day is on a weekend).
- 10.A **“NO SAMPLE FORMULA ORDER” e-mail response** must be submitted by the 20th of each month (Friday if the 20th day is on a weekend) if the health district has no contract sample formula orders for the month.
11. Health districts that do not submit their contract sample formula orders by the 20th of the month (Friday if the 20th is on a weekend) will not be able to obtain sample formula until the next month's delivery contract sample formula.

Subject: Ordering Contract Formula Samples

12. The designated State office contact will inform each health district when contract sample formula is shipped from the manufacturer.
13. The health district should report to the designated State office contact when contract sample formula shipments are not received by the 7th of each month.

Damaged/Broken Contract Sample Formula

1. Complete the Damaged Contract Sample Formula form by entering the quantity of “Cans” that were damaged or broken during shipping.
2. Send the Damaged Contract Sample Formula form to the designated State office contact by the 30th of each month.
3. Contract sample formula is considered damaged or broken when damage to the container prohibits opening the container; container can not be open with a household utensil; container top is open or broken seal; contents of the container have been removed or leakage.
4. The manufacturer will not replace damaged or broken contract sample formula. The State office will reconcile and receive a credit for all reported damaged or broken contract sample formula yearly.

Subject: Contract Infant Formula

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies must provide a contract formula (Carnation Good Start or Carnation Alsoy) unless a special formula is prescribed by a health care professional. Iron-fortified formula is provided for infants up to 12 months of age.

1. Carnation Good Start (13-fl. oz. concentrate) shall be routinely provided.
2. Carnation Alsoy (13-fl. oz. concentrate) may be provided when a participant is intolerant to or has a medical condition which prohibits the use of Carnation Good Start. Carnation Alsoy is a kosher product and appropriate for individuals following religious dietary practices.
3. A health care professional's request is not required to change a participant from Carnation Good Start to Carnation Alsoy or from Carnation Alsoy to Carnation Good Start.

4. The following are also contract formulas:
 - Carnation Good Start, 12-oz. powder or 32 fl. oz. ready-to-feed
 - Carnation Alsoy, 14-oz. powder or 32 fl. oz. ready-to-feed
 - Carnation Follow-Up, 13 fl. oz. concentrate, 12 oz. powder or 32 fl. oz. ready-to-feed
 - Carnation Follow-Up Soy, 14 oz. Powder
5. Ready to feed formula may be authorized when the CPA determines and documents one or more of the following:
 - unsanitary or restricted water supply
 - poor refrigeration
 - parent/guardian may have difficulty correctly diluting concentrate or powdered formula
6. Infants who transfer from another state must use the contract formula unless the health care professional requests a special formula.
7. Carnation Follow-Up formula and Carnation Follow-Up Soy formula are available for infants 6 months of age and older upon request. Follow-Up and Follow-Up Soy are kosher products and appropriate for individuals following religious dietary practices

Subject: Contract Infant Formula

Reference: CFR §246.10

Procedure:

1. Prescribe the Carnation Good Start or Carnation Alsoy food package.
 - a. If a parent/ guardian or health care professional requests Carnation Follow-Up or Carnation Follow-Up Soy formula, select the appropriate food package in WIC Net. Carnation Follow-Up and Follow-Up Soy are only allowed for infants 6 months of age or older.
 - b. The Special Formula Request Form (WIC-395) is not required for Follow-Up formulas.
2. If ready-to-feed formula is selected, document the reason why this type of formula is necessary in the Comments field on the Food Package Prescription Screen in WIC Net.
 - a. Contact the State Nutrition Program Coordinator for requests that do not list one of the approved reasons for ready-to-feed formula.

POLICY: FDS: 03.2.1

Subject: Special Formula Samples

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The Local Agency may obtain free samples of approved special formulas from formula company representatives, as needed. Samples of special formula may be provided to participants prescribed that specific formula on a trial basis or for emergencies. Special formula should not be displayed in WIC clinic areas.

POLICY: FDS: 03.2.2
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Subject: Special Formula Ordering

Effective Date: February 3, 2003

Policy: Non-contract formula (Special Formula) will be provided by the Community Action Program Distribution Center. The CAP Distribution Center will ship requested formula to either the Local Agency clinic or the participant's home considering which one is more appropriate.

Procedure:

Local Agency Determination of Ordering Special formula

Local Agency will determine:

- Participant eligibility to receive Special Formula;
- Quantity and type of special formula to be issued to the participant;
- Availability of special formulas at retail store within a reasonable distance;

Note: The following formulas will be provided through approved retail stores unless they are not available: Nutramigen (all types), Alimentum (all types) and Pediasure. Issue a maximum one-month issuance of WIC Checks to the parent or caregiver. If formula is not available, the Distribution Center will be used to supply these products.

- Location to which special formula will be shipped. All Neocate products and products packaged in glass containers must be shipped to the Local Agency clinic or other administrative offices designated by the Local Agency. All other Special formulas will be shipped to either the Local Agency or to the parent or caregivers home. Local Agency staff should discuss with parent or caregiver their availability and product safety before shipping formula to a parent or caregivers home. A person must be available at the parent or caregivers home address to sign for the delivery of formula.

Local Agency Special Formula Order

1. A maximum one-month issuance may be ordered from the Distribution Center at a time. Special formula is ordered based upon number of cans needed by the participant. The Local Agency does not have to order special formula products by case. The Local Agency will issue only one WIC Check for each special formula order.
2. A thirty-day spend period should be issued on all special formula WIC Checks that will be ordered through the Distribution Center.
3. Rules for the proration of formula for special formulas:
 - If the client is up to 10 days late picking up a check, she/he will not lose any cans of formula.
 - If the client is 11 to 20 days late, she/he will lose 1/3 the number of cans.
 - If the client is > 20 days late, up to the day before the next check pickup day, the client will lose 2/3 of his/her number of cans.

POLICY: FDS: 03.2.2
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Subject: Special Formula Ordering

- A client cannot pick up his/her special formula WIC check for the next month until 10 days prior to their next check pickup date.

4. All of the information contained on the Formula Shipping Request Form (WIC-396) is necessary for all special formula requests. A separate form for each request and a copy of said form must be filed in the participants file.
5. Obtain the parent or caregiver's signature on the WIC Check for special formula issued to the participant. The price box must be left blank. Do not give the WIC Check for special formula to the parent or caregiver. If the participant will receive other WIC approved foods then these FIs must be given to the parent or caregiver.
6. Have the parent or caregiver sign the WIC Check stub as per normal procedures.
7. The order request for special formula should be sent by FAX to the Distribution Center at 1-717-299-6799. An alternate method to ordering is by telephone. All information contained on the Formula Shipping Request Form (WIC-396) must be provided when an order is placed by telephone. The Distribution Center telephone number is "1-800-260-3638". **The Distribution Center order-processing deadline during a business day will be 2 PM. Orders received after 2 PM will be processed the next business day.**
8. The Local Agency will attach a copy of the fax confirmation to Formula Shipping Request Form (WIC-396) file copy.

Payment for Special Formula

1. The Local Agency clinic will mail the signed WIC Check for the order with an attached copy of the Formula Shipping Request Form (WIC-396) to the following address:
 - CAP of Lancaster County
Attn: Special Formula Distribution Center
630 Rockland Street
P.O. Box 599
Lancaster, PA 17608
2. **The signed WIC Check and a copy of the Special Formula Shipping Request Form (WIC-396) must be mailed the same day that the order is placed.**

Special Formula Shipment to Participant's Home

1. When formula is sent to the parent or caregivers home, the Distribution Center must have a physical address (not a Post Office Box). A physical address must be documented in the WIC-Net system for that parent or caregiver.

Subject: Special Formula Ordering

2. A person must be at the parent/caregiver home during the daytime to sign for receipt of the formula.
3. **Local Agency clinics must inform the parent/caregiver that formula orders will not be replaced if the Distribution Center provides proof that formula was delivered and signed for at the participant's address.**

Local Agency clinic staff should inform the parent/caregiver when to expect delivery. This will normally be 2-4 business days after the order is placed.

4. The parent or caregiver should be instructed that if the order is not received within **(5) five business days after being placed**, the Local Agency clinic should be contacted. The clinic will contact the Distribution Center within 8 business hours at 1-800-260-3638 to trace the order. **Do not give the Distribution Center phone number to the parent or caregiver.**
5. Instruct the parent or caregiver that should the need for formula change or be discontinued, they must immediately notify the Local Agency and return the unused portion of the formula before receiving FIs for a new formula.
6. Notify the parent or caregiver that if formula is out-of date when received from the Distribution Center then s/he should return it to the Local Agency clinic for replacement.
7. Formula in glass bottles and Neocate Formula cannot be shipped to the participant's home and must be shipped to the ordering Local Agency clinic.

Special Formula Shipment to Local Agency Clinic

1. **The special formula will be delivered to the Local Agency clinic when it is not feasible to send it to the parent or caregiver's home.**
2. **All formula in glass bottles and all Neocate formula must be shipped to the Local Agency. This is due to the high possibility of breakage with glass and to the extremely narrow range of acceptable temperatures for Neocate formula.**
3. The parent or caregiver may either contact the clinic when the product is due in (normally 2-4 business days after the order is placed) or have clinic staff call when the product has been received.
4. Instruct the parent or caregiver that should the need for formula change or be discontinued they must immediately notify the Local Agency and return the unused portion of the formula before receiving FIs for a new formula.

5. Clinic staff should check to make sure the formula is not out-of-date before issuing to the participant.

Subject: Special Formula Ordering

Damaged/Broken Formula

1. Complete and send the Damaged/Breakage Report for Special Formula (WIC-394) to the CAP Distribution Center. This documentation must include product type and quantity.
2. The original Damage/Breakage Report for Special Formula (WIC-394) must be mailed to the Distribution Center address used to mail WIC Checks. The copy should be maintained by the Local Agency clinic in the participant's file.
3. Once documentation is completed, the damaged formula should be discarded/destroyed.
4. If damage/breakage occurs at the Distribution Center or is returned from the shipper prior to delivery, the Distribution Center will complete and maintain a Damage/Breakage Report (WIC-394) and discard/destroy the product.
5. The Distribution Center will also track damaged formula from the shipper to insure that double reporting does not occur.

Replacement of Special Formula

1. Special formula will only be replaced for the following reasons:
 - If formula is damaged or out-of date.
 - Non-receipt of initial order. In this case the replacement order must be sent to the clinic site.
 - The top of the Special Formula Shipping Request Form (WIC-396) should be marked void and filed in the participants record with a notation of non-receipt or damaged, date returned and clinic staff initials.
2. The clinic site must complete the Special Formula Replacement Form (WIC-397). All information requested on the form must be completed.
 - a. The order requested should preferably be done via FAX to the Distribution Center at 1-717-299-6799. An alternate ordering method is to telephone all information using the Distribution Center "1-800-260-3638" telephone number. The Distribution Center process deadline for a business day will be 2 PM.
 - b. A copy of the Special Formula Replacement Form (WIC-397) should be maintained with the voided original Special Formula Shipping Request Form (WIC-396) filed in the participant's file.

Subject: Special Formula Ordering

Usage of Return Formula

1. Special formula that is returned by the parent or caregiver or is not needed once received from the Distribution Center can be issued to another participant.
2. If there is sufficient formula to fill a participant's entire FI (either partial month or complete month), the FI is to be signed by the parent or caregiver and the words "Issued from Stock" are to be written in the Price Box on the FI. The signed FI is then sent to the State Office room 132, Attn: FACT Special Formula Order P.O. Box 2448, Richmond, VA 23218.
3. If the product will go out of date within ninety (90) days, or if usage of the formula at the Local Agency is considered unlikely, **notify only local agencies within their health district that the formula is available.**
 - a. The Local Agency (requesting clinic) prior to accepting the formula will insure there is sufficient formula to fill a participant's entire FI (either partial month or complete month).
 - b. The Local Agency (sending clinic) will make arrangements to ship the formula to the requesting clinic. Use only a carrier that can track or trace package delivery.
4. The parent or caregiver must sign a statement acknowledging receipt of the formula. The signed statement should include their name, participant ID and product. Place statement in the participant's file.
5. If the requesting clinic does not receives the formula within five business (5) days, notify the sending clinic to trace the shipment. If medically necessary, order the formula using standard procedures from the Distribution Center.
6. If formula is received in damaged/broken condition follow the procedure for ordering the formula using standard procedures from the Distribution Center.

Distribution Center Processing of Orders

1. If the order is received by telephone, the Distribution Center staff will transcribe the order on to a Special Formula Shipping Request Form (WIC-396) to have a paper copy of the order. This copy will be matched with the Local Agency's Special Formula Shipping Request Form (WIC-396) mailed/fax to the Distribution Center at a later time.

2. The Distribution Center will determine if requested product is in stock. If the product is in stock, the requests will be processed as follows.
 - a. Enter orders into the XLN inventory software and create a pick sheet.

Subject: Special Formula Ordering

Pull the required quantity of the formula

- a. If loose containers are requested, they will be packaged separately or with other cases, as most appropriate.
 - b. Cases of product for a single request will be strapped together for shipping
 - c. In some cases, multiple shipments may be required for a single request depending on the weight requirements of the shipper.
 - d. Strapped shipments will be weighed and data from the Special Formula Shipping Request Form (WIC-396) will be entered into the Pitney Bowes shipping computer system.
 - e. The Pitney Bowes shipping computer system will be used to determine the most reasonable shipping carrier based on ship-to-location and cost of shipping.
 - f. Appropriate shipping labels will be placed on strapped parcels and the shipping confirmation label will be placed in the lower left corner of the Special Formula Shipping Request Form (WIC-396).
 - g. Distribution Center processing deadline for a business day will be 2 PM. The Distribution Center will process and ship all requests received within one business day of receipt.
3. If the product is not available from the Distribution Center, the Local Agency will fax a copy of the Special Formula Shipping Request Form (WIC-396) to a designated person at the State Office at 1-804-371-6162 attn: FACT Special Formula Order. If the State Office approves, the State Office will fax authorization to the Distribution center to purchase the product and a copy to the Local Agency acknowledging the outcome.
 4. The Distribution Center staff will special order the product from the manufacturer, in a quantity equal to two (2) times the requested order. Special shipping will be authorized to expedite this process. The Local Agency clinic that ordered the product will be notified by telephone of the expected arrival date by the Distribution Center.
 5. If the product is normally stocked by the Distribution Center but is temporarily out of stock, the Distribution Center staff will research when and if the product has been ordered from the manufacturer.
 - a. If the product has not been ordered, it will be ordered from the manufacturer.

- b. If the product has been ordered and is due in, the Distribution Center staff will contact the manufacturer for an expected delivery date and then notify the Local Agency clinic.

Subject: Special Formula Ordering

- c. If under any circumstances a special formula is determined to be out of stock from the manufacturer, the Distribution Center staff will notify the Local Agency clinic as soon as possible that the product is out of stock and when it is expected to become available from the manufacturer.

Distribution Center Processing of Non-receipt of Shipped Special Formula

1. When the Distribution Center is notified by the Local Agency clinic of non-receipt of formula, the Distribution Center will pull the order form and trace the shipment through the carrier. The Local Agency clinic will be notified of the status of the order, as reshipment must be sent to them, not the participant.
2. The Distribution Center will reconcile the original shipment with the shipper either through reimbursement, if the shipment was lost, or return of the shipment.

Distribution Center Processing of Requested Replacement of Special Formula

1. The Distribution Center will match the replacement request with the original order form and ship the replacement order to the Local Agency clinic.
2. If the WIC Checks for the original order have not been reconciled, the shipping costs and the cost of the reordered formula will be added. If the WIC Checks for the original order have been reconciled, the additional shipping costs will be billed to the State Agency in normal contract billing manner.
3. The Distribution Center will hold all replacement orders regarding formula losses due to damage/breakage until the Damage/Breakage Report (WIC-394) is received.

Distribution Center Processing of WIC Checks

1. The Distribution Center will match WIC Checks they receive and those numbers documented on the order form.
2. The price the Distribution Center will place on the WIC Checks will be made up of the wholesale price for the formula shipped, plus the actual shipping cost, multiplied by 1.09 for an effective overhead charge of 9%. If any portion of the shipped formula had been returned from a Local Agency, that portion of the shipment will have a zero (0) wholesale cost.
3. The wholesale price will be used for the formula shipped. The wholesale price for the formula is defined as the Distribution Center purchase price for the formula shipped.

Subject: Special Formula Ordering

4. The overhead charge for the first year will be 9.0% and it will be recalculated each year and the contract adjusted to reflect the revised overhead cost.
5. The Distribution Center will determine the shipping cost from the “shipping confirmation label” on the Special Formula Shipping Request Form (WIC-396).
6. All signed WIC Checks will be deposited in the Virginia WIC Program Banking Contractor system. All Distribution Center receipts and expenditures must be accounted for separately by the Virginia WIC Program Banking Contractor. The Distribution Center will provide banking information to establish a direct deposit account for transfer of payment to their bank account.
7. Weekly, the Distribution Center will gather all FIs without a signature or stale dated and ship them overnight to the Virginia WIC Program State Office. These FIs will be paid through the ACH banking process.

Maintenance of Documentation

1. The Local Agency clinic will maintain a copy of all Special Formula Shipping Request form (WIC-396), Damaged/Breakage Report for Special Formula (WIC-394) forms, Request for Replacement of Special Formula (WIC-397) forms, and any required documentation regarding formula “issued from stock” that required product delivery by the Distribution Center.
2. The Distribution Center will maintain the following documentation:
 - a. All formula orders to the manufacturers.
 - b. All shipping receipt documents from the manufacturers.
 - c. All processed Special Formula Shipping Request Forms (WIC-396) received.
 - d. All shipping information for formula orders sent by Distribution Center to local agencies or participants.

State Agency Responsibilities

1. The State Agency shall review inventory and/or redeemed WIC Check documentation. A copy of inventory documentation shall be made available to the State Agency, upon request.
2. Perform monthly monitoring of Local Agency activity regarding the usage of the Distribution Center.

Subject: Special Formula Ordering

3. The Distribution Center staff will be made aware of any problems or concerns relating to the operations of the special formula Distribution Center.
4. The State Agency will maintain an authorized vendor profile for the Distribution Center, which will allow deposit of WIC Checks with local banks and clearance through Virginia's Banking Contractor system.
5. Virginia's WIC Program will perform a post payment edit of FIs to ensure that no computation or clerical errors have resulted in an inadvertent overcharge. Any overcharge or processing errors will be resolved with the Distribution Center.
6. The Virginia WIC Program will agree to provide 2 business days turn around on a WIC Check, sent to the Distribution Center without the parent or caregiver signature or stale dated, which the Distribution Center have batch, bundled and overnighted to the Virginia WIC Program.

Local Agency Responsibility

1. Maintain all required documentation at the local agency.
2. Be responsible for ordering of Special Formula from Distribution Center.
3. Make State Agency aware of any service delivery problems or concerns relating to the operations of the special formula Distribution Center.
4. Ensure special formula WIC Checks are signed prior to ordering special formula. The state office will charge the local agency a \$5.00 administrative fee for every unsigned special formula WIC Check mailed to the Distribution Center.

Reference:

WIC-394 - Damage/Breakage/Outdated Report for Special Formula
WIC-396 - Special Formula Shipping Request Form
WIC-397 - Special Formula Replacement Request Form

Subject: Special Formula

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Special formulas (include exempt infant formulas and medical foods) are only allowed when a licensed health care professional, authorized to write medical prescriptions under State

law, determines that a participant has a medical condition that restricts the use of Carnation Good Start or Carnation Alsoy.

Special formula may be requested for the following reasons:

- metabolic disorders
- inborn errors of amino acid metabolism
- gastrointestinal disorders
- malabsorption syndrome
- allergies
- nutritional/medical disorders

The special formulas approved for use in the Virginia WIC Program are listed in Policy: FDS: 03.3.

A Special Formula Request Form (WIC-395) must be completed for all special formulas. A new request for special formula is required each certification period or whenever the special formula is changed to another special formula.

Procedure:

1. Obtain a completed Special Formula Request Form (WIC-395) from the health care professional.
 - a. The Competent Professional Authority (CPA) should ensure the request form is complete and should sign the form.
 - The WIC-395 must be signed by a licensed health care professional authorized to write medical prescriptions under State law.

Subject: Special Formula

- b. The CPA must determine if the special formula is approved by the Virginia WIC Program. See the listing of approved special formulas.
 - If the special formula requested is not on the list of approved formulas, the CPA should contact the State Nutrition Program Coordinator or consult the Approved Infant Formula list on the WIC website.
 - If the special formula is not a WIC eligible formula that is approved by USDA, the CPA must notify the health care professional.
- c. If the health care professional submits a referral form, note or hospital discharge sheet this may be used in place of the WIC-395 providing all information and the health care professional's signature is obtained.
 - Contact the health care professional if all of the information on the WIC-395 is not submitted. The health care professional must document the missing information on the WIC-395 and submit.
 - To receive information more quickly, fax the WIC-395 to the health care professional requesting the missing information.
 - If the health care professional cannot be contacted while the participant is in the clinic, provide the special formula to the participant, if the formula is on the approved listing and the following information is obtained in writing or by telephone:
 - ☐ formula requested
 - ☐ length of time formula is required
 - ☐ medical reason
 - ☐ health care professional's name
 - The missing information and health care professional's signature on the WIC-395 must be provided in writing within 5 calendar days.
 - To receive information more quickly, fax the WIC-395 to the health care professional requesting the missing information.

Subject: Special Formula

- Staple the referral form, note or hospital discharge sheet to the WIC-395. The CPA must sign and date the WIC-395. File in the participant's record.
 - d. If a written request is not available, contact the health care professional to obtain a completed Special Formula Request Form (WIC-395). The CPA must sign and date the WIC-395. File in the participant's record.
 - To receive information more quickly, fax the WIC-395 to the health care professional requesting the information.
 - Special formula may not be issued until the WIC-395 is completed and received.
 - If the information cannot be obtained while the participant is in clinic, mail the special formula checks to the participant when the WIC-395 is completed and received.
2. The CPA must determine the maximum allowable amount of formula the WIC Program can provide. See the *Maximum Formula Allowed* table in this chapter.
- a. For infants, if the requested amount of formula is more than the maximum amount allowed, the CPA must notify the health care professional.
 - Inform the health care professional that the total amount requested can not be provided.
 - Document in the participant's record.
 - b. For children and women, the CPA may provide additional formula with documentation of need in the participant's record.
 - c. More than one special formula may be provided but the total formula amount must not exceed the maximum formula allowed.
3. Determine the availability and cost of special formula by contacting authorized WIC stores.
- a. The number of checks issued depends on the formula cost.
 - b. Checks must not exceed the \$125.00 limit.

Subject: Special Formula

4. Contact the State WIC Office at (804) 786-5420 if special formula cannot be obtained locally.
 - a. The formula will be ordered and delivered to the Local Agency within 10 calendar days of the request.
 - b. Enter 0 in the “QTY” field on the Food Package Prescription Screen in WIC Net and check the “State Ordered” check box. Adjust the number of checks issued depending upon whether juice and cereal are prescribed.
5. Whenever a formula is changed, instruct the payee/proxy to return all unused formula and/or checks to the Local Agency. Formula must not be returned to stores.
 - a. Follow the procedure for replacing formula or partial month’s checks in WIC Net.
 - b. The CPA must change the food package.
 - c. Returned formula may be provided to other participants in need of that specific formula.
 - d. Obtain a completed WIC-395 if a new special formula is requested.

Subject: Approved Formulas

Effective Date: October 1, 2002

Revised from: July 1, 2001

**FORMULAS APPROVED FOR USE IN THE
VIRGINIA WIC PROGRAM****CONTRACT FORMULAS**

FORMULA NAME	MANUFACTURER	CONTAINER SIZE	TYPE	PACKAGING
Carnation Alsoy	Nestlé Carnation	13-fl-oz 32-fl-oz 14-oz	Concentrate Ready-to-Feed Powder	12 per case 6 per case 6 per case
Carnation Good Start With Iron	Nestlé Carnation	13-fl-oz 32-fl-oz 12-oz	Concentrate Ready-to-Feed Powder	12 per case 6 per case 6 per case
Carnation Follow Up With Iron	Nestlé Carnation	13-fl-oz 32-fl-oz	Concentrate Ready-to-Feed	12 per case 6 per case

		12-oz	Powder	6 per case
Carnation Follow Up Soy	Nestlé Carnation	14-oz	Powder	6 per case

SPECIAL FORMULAS (Includes Exempt Infant Formulas and Medical Foods)

FORMULA NAME	MANUFACTURER	PRODUCT NUMBER	CONTAINER SIZE	TYPE	PACKAGING
Alimentum	Ross	50540 237	8-fl-oz 32-fl-oz 16-oz	Ready-to-Feed Ready-to-Feed Powder	24 per case 6 per case 6 per case
Analog Formulas (contact state office for types)	Scientific Hospital		16-oz	Powder	4 per case
Boost	Mead Johnson	098703	8-fl-oz	Ready-to-Feed	24 per case
Butter		067517	8-fl-oz	Ready-to-Feed	24 per case
Pecan		067004	8-fl-oz	Ready-to-Feed	24 per case
Chocolate		067711	8-fl-oz	Ready-to-Feed	24 per case
Cho:Malt		067617	8-fl-oz	Ready-to-Feed	24 per case
Cho:Mocha		067417	8-fl-oz	Ready-to-Feed	24 per case
Strawberry					
Vanilla					

Subject: Approved Formulas

SPECIAL FORMULAS (Includes Exempt Infant Formulas and Medical Foods) – Cont.

FORMULA NAME	MANUFACTURER	PRODUCT NUMBER	CONTAINER SIZE	TYPE	PACKAGING
Boost with Fiber	Mead Johnson	095202	8-fl-oz	Ready-to-Feed	24 per case
Chocolate		095104	8-fl-oz	Ready-to-Feed	24 per case
Vanilla	Mead Johnson	93111	8-fl-oz	Ready-to-Feed	24 per case
Boost Plus		93304		Ready-to-Feed	24 per case
Strawberry		93211		Ready-to-Feed	24 per case
Chocolate	Mead Johnson	03901	10-oz	Powder	6 per case
Casec					
Compleat Pediatric	Novartis	142400	8.45-fl-oz	Ready-to-Feed	24 per case
Cyclinex-1 With iron	Ross	51144	12.3-oz	Powder	6 per case
Cyclinex-2	Ross	51146	11.4-oz	Powder	6 per case
Duocal	Scientific Hospital	10280	16-oz	Powder	4 per case
Elecare	Ross	54665	14.1-oz	Powder	6 per case
Enfamil with Iron 24	Mead Johnson	26903	3 fl-oz	Ready-to-Feed	48 per case
Enfamil Enficare	Mead Johnson	002002	3-fl-oz	Ready-to-Feed	48 per case
		001902	14.3-oz	Powder	6 per case
Enfamil Nutramigen	Mead Johnson	49911 33821	13-fl-oz	Concentrate	12 per case
			3-fl-oz	Ready-to-Feed	48 per case
			6-fl-oz	Ready-to-Feed	24 per case
			32-fl-oz	Ready-to-Feed	6 per case
			16-oz	Powder	6 per case
Enfamil Pregestimil	Mead Johnson	36721	16-oz	Powder	6 per case
20 cal./oz		33303	3-fl-oz	Ready-to-Feed	48 per case
20 cal./oz		37903	3-fl-oz	Ready-to-Feed	48 per case
24 cal./oz					

Subject: Approved Formulas

SPECIAL FORMULAS (Includes Exempt Infant Formulas and Medical Foods) – Cont.

FORMULA NAME	MANUFACTURER	PRODUCT NUMBER	CONTAINER SIZE	TYPE	PACKAGING
Enfamil Premature with iron 20cal 24cal	Mead Johnson	140502 140602	3-fl-oz 3-fl-oz	Ready-to-Feed Ready-to-Feed	48 per case 48 per case
Enfamil Premature (Low-iron) 20cal 24cal	Mead Johnson	201004 026704	3-fl-oz 3-fl-oz	Ready-to-Feed Ready-to-Feed	48 per case 48 per case
Enlive	Ross	54778	8 fl-oz	Ready-to-Feed	27 per case
Ensure	Ross	50460 733 750	8-fl-oz 32-fl-oz 14-oz	Ready-to-Feed Ready-to-Feed Powder	24 per case 6 per case 6per case
Ensure HN	Ross	719 732	8-fl-oz 32-fl-oz	Ready-to-Feed Ready-to-Feed	24 per case 6 per case
Ensure Plus	Ross	50464 688	8-fl-oz 32-fl-oz	Ready-to-Feed Ready-to-Feed	24 per case 6 per case
Ensure Plus HN	Ross	721	8-fl-oz	Ready-to-Feed	24 per case
Ensure with Fiber	Ross	50650 706	8-fl-oz 32-fl-oz	Ready-to-Feed Ready-to-Feed	24 per case 6 per case
Ensure Pudding Vanilla Chocolate	Ross	792 790	5-oz 5-oz	Ready-to-Eat Ready-to-Eat	48 per case 48 per case
Fibersource	Novartis	183500	8.45-fl-oz	Ready-to-Feed	24 per case
Fibersource HN	Novartis	185500	8.45-fl-oz	Ready-to-Feed	24 per case
Glutarex-1 with iron	Ross	51140	12.3-oz	Powder	6 per case
Glutarex-2	Ross	51142	11.4-oz	Powder	6 per case

Subject: Approved Formulas

SPECIAL FORMULAS (Includes Exempt Infant Formulas and Medical Foods) – Cont.

FORMULA NAME	MANUFACTURER	PRODUCT NUMBER	CONTAINER SIZE	TYPE	PACKAGING
Hominex-1 with iron	Ross	51116	12.3-oz	Powder	6 per case
Hominex-2	Ross	51118	11.4-oz	Powder	6 per case
Isocal	Mead Johnson	035525 035512 035504	8-fl-oz 12-fl-oz 32-fl-oz	Ready-to-Feed Ready-to-Feed Ready-to-Feed	24 per case 12 per case 6 per case
Isocal HN	Mead Johnson	044604 044603	8-fl-oz 32-fl-oz	Ready-to-Feed Ready-to-Feed	24 per case 6 per case
Isosource	Novartis	182500	8.45-fl-oz	Ready-to-Feed	24 per case
Isosource HN	Novartis	184500	8.45-fl-oz	Ready-to-Feed	24 per case
Isotein HN	Novartis	129100	2.9-oz	Powder	36 per case
I-Valex-1 with iron	Ross	51136	12.3-oz	Powder	6 per case
I-Valex-2	Ross	51138	11.4-oz	Powder	6 per case
Ketonex-2	Ross	51114	11.4-oz	Powder	6 per case
Kindercal Chocolate Vanilla	Mead Johnson	69401 60802 62202	8-fl-oz 8-fl-oz 8-fl-oz	Ready-to-Feed Ready-to-Feed Ready-to-Feed	24 per case 24 per case 24 per case
Lipisorb Liquid	Mead Johnson	047102	8-fl-oz	Ready-to-Feed	24 per case
Lipisorb Powder	Mead Johnson	044101	16-oz	Powder	6 per case
Low Phe/Try Diet (Product 3200 AB)	Mead Johnson	042421	16-oz	Powder	6 per case
Maxamaid Formulas (contact state office for types)	Scientific Hospital		16-oz	Powder	4 per case

Subject: Approved Formulas

SPECIAL FORMULAS (Includes Exempt Infant Formulas and Medical Foods) – Cont.

FORMULA NAME	MANUFACTURER	PRODUCT NUMBER	CONTAINER SIZE	TYPE	PACKAGING
Maxamum MSUD	Scientific Hospital	10511	16-oz	Powder	4 per case
MCT Oil	Mead Johnson	36613	32-fl-oz	Ready-to-Feed	6 per case
Metabolic Module Formulas (contact state office for types)	Mead Johnson		16-oz	Powder	2 per case
Microlipid	Mead Johnson	8702	4-fl-oz	Ready-to-Feed	24 per case
Moducal	Mead Johnson	48021	13-oz	Powder	6 per case
Mono - Disaccharide Free Diet Powder (Product 3232A)	Mead Johnson	42521	16-oz	Powder	6 per case
Neocate	Scientific Hospital	10804	14-oz	Powder	4 per case
Neocate Junior	Scientific Hospital	11790	14-oz	Powder	4 per case
Neocate One +	Scientific Hospital	11047	3.5-oz	Powder	10 per case
NuBasics Drink	Nestle Clinical Nutrition	2L7116	8.45-fl-oz	Ready-to-Feed	24 per case
NuBasics Clear Liquid Juice Sweet Berry Orange	Nestle Clinical Nutrition	7140 7141	5.5 fl-oz 5.5 fl-oz	Ready-to-Feed Ready-to-Feed	24 per case 24 per case

Subject: Approved Formulas

SPECIAL FORMULAS (Includes Exempt Infant Formulas and Medical Foods) – Cont.

FORMULA NAME	MANU-FACTURER	PRODUCT NUMBER	CONTAINER SIZE	TYPE	PACKAGING
NuBasics Plus Vanilla Chocolate Strawberry	Nestle Clinical Nutrition	7150 7151 7152	8.45 fl-oz 8.45 fl-oz 8.45 fl-oz	Ready-to-Feed Ready-to-Feed Ready-to-Feed	24 per case 24 per case 24 per case
NuBasics VHP Vanilla	Nestle Clinical Nutrition	2L7116	8.45-fl-oz	Ready-to-Feed	24 per case
Nutren 2.0 Vanilla	Nestle Clinical Nutrition	6230A	8.45 fl-oz	Ready-to-Feed	24 per case
Nutren Junior	Nestle Clinical Nutrition	2L6062	8.45-fl-oz	Ready-to-Feed	24 per case
Nutren Junior with Fiber	Nestle Clinical Nutrition		8.45-fl-oz	Ready-to-Feed	24 per case
Osmolite	Ross	709 738	8-fl-oz 32-fl-oz	Ready-to-Feed Ready-to-Feed	24 per case 6 per case
Osmolite HN	Ross	735 739	8-fl-oz 32-fl-oz	Ready-to-Feed Ready-to-Feed	24 per case 6 per case
Pediasure Vanilla Chocolate	Ross	51804 51882	8-fl-oz 8-fl-oz	Ready-to-Feed Ready-to-Feed	24 per case 24 per case
Pediasure With Fiber	Ross	51806	8-fl-oz	Ready-to-Feed	24 per case
Pediatric EO28 (orange pineapple)	Scientific Hospital	11050	8 fl-oz	Ready-to-Feed	27 per case

Subject: Approved Formulas

SPECIAL FORMULAS (Includes Exempt Infant Formulas and Medical Foods) – Cont.

FORMULA NAME	MANUFACTURER	PRODUCT NUMBER	CONTAINER SIZE	TYPE	PACKAGING
Peptamen Junior	Nestle Clinical Nutrition	2L6253	8.45-fl-oz	Ready-to-Feed	24 per case
Unflavored		2L6252	8.45-fl-oz	Ready-to-Feed	24 per case
PhenylAde	Applied Nutrition Corporation	95222	16-oz	Powder	4 per case
Vanilla		95332	16-oz	Powder	4 per case
Orange		95442	16-oz	Powder	4 per case
Crème					
Strawberry					
Polycose	Ross	746	12.3-oz	Powder	6 per case
		431	4.2-fl-oz	Liquid	48 per case
Portagen	Mead Johnson	038721	16-oz	Powder	6 per case
Promod	Ross	775	9.7-oz	Powder	6 per case
Pro-Phree with iron	Ross	51148	12.3-oz	Powder	6 per case
Propimex-1 with iron	Ross	51132	11.4-oz	Powder	6 per case
Propimex-2	Ross	51134		Powder	6 per case
Protein Free Diet Powder (Product 80056)	Mead Johnson	42002	16-oz	Powder	6 per case
ProVimin with iron	Ross	50260	5.3oz	Powder	6 per case
RCF (Low-Iron)	Ross	108	13-fl-oz	Concentrate	12 per case
Reabilan Diet	Nestle Clinical Nutrition		12.7-fl-oz	Ready-to-Feed	20 per case
Reabilan HN Diet	Nestle Clinical Nutrition		12.7-fl-oz	Ready-to-Feed	20 per case

Subject: Approved Formulas

SPECIAL FORMULAS (Includes Exempt Infant Formulas and Medical Foods) – Cont.

FORMULA NAME	MANUFACTURER	PRODUCT NUMBER	CONTAINER SIZE	TYPE	PACKAGING
Resource Liquid Peach Wild Berry	Novartis	186400 186600	8-fl-oz	Ready-to-Feed	27 per case
Resource Plus Liquid	Novartis	338100	8-fl-oz	Ready-to-Feed	27 per case
Resource Just For Kids (with or without fiber) Vanilla Chocolate Strawberry	Novartis	3311 3312 3313	8-fl-oz 8-fl-oz 8-fl-oz	Ready-to-Feed Ready-to-Feed Ready-to-Feed	27 per case 27 per case 27 per case
Scandishake	Scandipharm	800-84	3-oz	Powder	6 per case
Scandishake Lactose-Free	Scandipharm		18-oz	Powder	6 per case
Scandishake Sweetened with Aspartame	Scandipharm		18-oz	Powder	6 per case
Similac with Iron 24	Ross	00403	4 fl-oz	Ready-to-Feed	48 per case
Similac Neosure 22 cal.	Ross	51848 51850	4-fl-oz 14-oz	Ready-to-Feed Powder	48 per case 6 per case
Similac PM 60/40 (Low-Iron)	Ross	54442 850	4-fl-oz 16-oz	Ready-to-Feed Powder	48 per case 6 per case

Subject: Approved Formulas

SPECIAL FORMULAS (Includes Exempt Infant Formulas and Medical Foods) – Cont.

FORMULA NAME	MANUFACTURER	PRODUCT NUMBER	CONTAINER SIZE	TYPE	PACKAGING
Similac Special Care with iron 20cal	Ross	50588	4-fl-oz	Ready-to-Feed	48 per case
Similac Special Care with iron 24cal	Ross	214	4-fl-oz	Ready-to-Feed	48 per case
Similac Special Care (low-iron) 20cal	Ross	439	4-fl-oz	Ready-to-Feed	48 per case
Similac Special Care (low-iron) 24cal	Ross	433	4-fl-oz	Ready-to-Feed	48 per case
Tolerex	Novartis	045805	2.82-oz	Powder	60 per case
Tyrex-2	Ross	51126	11.4-oz	Powder	6 per case
Tyromex-1 with iron	Ross	51128	12.3-oz	Powder	6 per case
Ultracal	Mead Johnson	435903 435902	8-fl-oz 32-fl-oz	Ready-to-Feed Ready-to-Feed	24 per case 6 per case
Vital High Nitrogen	Ross	766	2.79-oz	Powder	24 per case
Vivonex Pediatric	Novartis	071310	1.7-oz	Powder	36 per case
Vivonex T.E.N.	Novartis	071274	2.84-oz	Powder	60 per case

Subject: Approved Formulas

SPECIAL FORMULAS: Virginia Metabolic Program

FORMULA NAME	MANU-FACTURER	CONTAINER SIZE	TYPE	PACKAGING
Ketonex-1 with Iron	Ross	12.3-oz	Powder	6 per case
Lofenalac	Mead Johnson	16-oz	Powder	6 per case
Maxamaid XMET	Scientific Hospital	16-oz	Powder	4 per case
Maxamaid XP	Scientific Hospital	16-oz	Powder	4 per case
Maxamum XMET	Scientific Hospital	16-oz	Powder	4 per case
Maxamum XP	Scientific Hospital	16-oz	Powder	4 per case
Metabolic Module MSUD 1	Mead Johnson	16-oz	Powder	2 per case
Metabolic Module PKU 1	Mead Johnson	16-oz	Powder	2 per case
Metabolic Module PKU 2	Mead Johnson	16-oz	Powder	2 per case
MSUD Diet Powder	Mead Johnson	16-oz	Powder	6 per case
Periflex	Scientific Hospital	16-oz	Powder	4 per case
Phenex-1 with Iron	Ross	12.3-oz	Powder	6 per case
Phenex-2	Ross	11.4-oz	Powder	6 per case
Phenyl-Free	Mead Johnson	16-oz	Powder	6 per case

To order formulas, contact Charlotte Davis with the Division of Child and Adolescent Health at (804) 371-4230 or by e-mail cdavis@vdh.state.va.us

POLICY: FDS: 03.4

Subject: Non-Approved Formulas/Products

Effective Date: October 1, 2002

Revised from: July 1, 2001

Cow's milk, goat's milk and evaporated milk are not considered infant formulas and are not authorized for any infant under 12 months of age.

The following products are **NOT APPROVED** and will not be covered under any circumstances in the Virginia WIC Program:

Infant Formula:

Enfamil with Iron	Similac with Iron
Enfamil AR	Similac (low-iron)
Enfamil (low-iron)	Similac 2
Enfamil 24 (low iron)	Similac 13 (low iron)
Enfamil Lipil	Similac 24 (low iron)
Enfamil Next Step Toddler	Similac 27 (low iron)
Enfamil Next Step Soy Toddler	Similac Lactose Free
Enfamil Lactofree	Similac Advance
Enfamil Prosobee	Isomil
Generic Brand infant formulas	Isomil 2

Exempt Infant Formula:

Similac Human Milk Fortifier
Similac Natural Care
Enfamil Human Milk Fortifier
Isomil DF

Other Products:

1. Medicines or drugs
- 2. Electrolyte or rehydration fluids**
3. Flavoring agents for formulas or foods
4. Vitamin/mineral preparations
5. Parenteral nutrition products
6. Formulas or products used for the sole purpose of weight management or enhancing nutrient intake without documented underlying medical condition
7. Rice or Soy milk (e.g., Rice Dream or Vitamite)

POLICY: FDS: 04.1
(Page 1 of 2)

Subject: Security of WIC Food Check stock and ID Folders

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The Local Agency is responsible for the security of check stock at all times. Security of check stock and ID folders is mandatory.

Procedure:

1. Local Agency staff must store check stock and ID folders separately from each other in a locked, secure place with limited access when not being used.
 - a. Access to locked storage must be limited to designated staff members.
 - b. Never leave check stock unattended or storage area unlocked.
2. Check stock should not be left in the printer when the printer is unattended. Printer should be in an area with limited public access and under staff control at all times when check stock is in the printer.
 - a. Each district site will have one active check printer, unless written approval has been granted by the State WIC office authorizing an additional printer.
 - b. Access will be designated to WIC staff only.
 - c. Limit the number of staff with access by designating no more than two individuals who are responsible for maintaining keys to locked areas.
 - d. Staff should never leave the check printer unattended with participant.
 - e. Lock all check stock and supplies in a secure area at the end of the business day.
 - Secure paper stock in a lock closet.
 - Secure paper stock in a lock filing cabinet.
3. WIC Net blank check stock, printer ink and ID folders should always be secure in a locked area restricted to designated WIC staff.

Subject: Security of WIC Food Check stock and ID Folders

- a. Inventory blank check stock and printer ink monthly.
 - Lock all filing cabinets that may contain supplies.
 - Lock all closets that may contain supplies.
 - Lock employee desk files/drawers that may contain supplies.
- b. Report all lost or stolen blank paper stock or ink immediately to the State WIC office.
 - Report all thief of paper stock or ink to the local police agency, collect and retain a police report of the incident.
 - Call the help desk at the State WIC office.
 - Report all incidents of thief to the WIC Coordinator.
- c. Store all blank paper stock and ID folders in a separate secure space when not being used.

POLICY: FDS: 04.10

Subject: Checks Refused by Grocery Stores

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Grocery stores are instructed to refuse checks if the dollar amount exceeds \$125.00 or if the payee/proxy does not have the WIC ID Folder in their possession. If a WIC check exceeds \$125.00, the payee/proxy should return the check to the Local Agency for replacement, if the "first date to spend" is valid.

Procedure:

1. Void the check in WIC Net.
2. Issue replacement check(s) in WIC Net.
3. Educate payee/proxy and document in the participant's record when applicable.

Policy: Grocery stores are instructed to refuse altered checks (e.g., checks with additions, deletions or corrections.) Checks altered by participants/payees/proxies will not be replaced and sanctions will be issued.

Procedure:

1. Void returned check(s) in WIC Net.
2. Do not replace altered checks
3. Follow Program abuse policy and procedures for altered checks.

POLICY: FDS: 04.11
(Page 1 of 3)

Subject: Mailing WIC Checks

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Checks may only be mailed for a one-month period. This can only be done for individual clients if client has already received the required secondary nutrition education contact or will be able to receive it at the next visit with prior approval from the CPA. For multiple individuals involved in a computer failure, the CPA does not have to approve.

Reference: CFR §246.7 and CFR §246.12

Justification for mailing checks to individuals/families:

- Illness/disability
- Imminent childbirth
- Distance to travel, especially in rural areas
- Difficulty obtaining complete prescription for special formula

Justification for mailing checks to groups:

- Computer failure at the site (with Help Desk authorization)
- Natural disasters
- Complete delay or failure system-wide

Procedure:

1. For individual families/clients, a written or verbal request must be submitted by the payee and approved by the CPA.

- a. In the absence of a CPA, clerical staff may mail checks prior to CPA approval. Obtain CPA approval within five (5) days.
- b. The CPA must document the following in the participant's record:
 - Justification for mailing checks
 - Date request received and approved by CPA.
 - Date of secondary nutrition education contact

POLICY: FDS: 04.11
(Page 2 of 3)

Subject: Mailing WIC Checks

- c. Checks should be mailed prior to the "first date to spend," if possible.
2. In the case of computer failure/delay:
 - a. Have client address envelope before leaving
 - b. Give next appointment or recertification if needed in one month
 3. Include with check mailing:
 - a. Date(s) to return for next nutrition education/check pick-up if not given to client already
 - b. Instructions for proper check handling.
 4. Stamp "Do Not Forward" and "Address Correction Requested" on the mailing envelope under the agency return address.
 - a. Use first class mail and a check security envelope to mail checks.
 - b. The payee's name and address must be typed on the envelope.
 - c. Do not mail a new WIC ID Folder in the same envelope as the checks.
 - d. Stub process
 5. Inform participant to notify the Local Agency if checks are not received within 10 days of the date mailed.
 - a. Do not automatically issue replacement checks.
 - b. Follow Lost or Stolen Check procedures when mailed checks are reported as lost.

6. Participants who call or report for pick-up after their checks have been mailed must wait until checks are received in the mail.
7. If continued check mailing for an individual/family is necessary, approval must be obtained from the Operations Liaison assigned to your district.
 - a. Submit the following *written* documentation to the District Operations Liaison:
POLICY: FDS: 04.11

(Page 3 of 3)

Subject: Mailing WIC Checks

- participant/payee's name, address, telephone number
 - reason for continued mailing
 - requested time period for mailing checks
 - detail of nutrition education contacts
 - certification expiration date
- b. The State WIC Office will notify the Local Agency of its decision.
8. The State WIC Office will monitor the individual mailing system to ensure compliance with Federal and State regulations.

POLICY: FDS: 04.2

Subject: Check Issuance

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: All checks will be issued through the WIC Net system after valid eligibility has been documented and only after the client is in the clinic to pick up their checks. The payee is required to sign the check stub to acknowledge receipt of their checks.

Reference: CFR §246.12

Procedure:

1. The payee/proxy must be in the clinic to receive their checks before checks are printed. NEVER print checks prior to their arrival.
2. The payee/proxy will sign each WIC Net check stub once for the range of checks listed on the stub for the client/family.

3. An "X" signature is allowed for persons unable to sign their name. Staff must write witnessed by and their initials beside the "X".
4. Local Agency staffs are responsible for reviewing the entire range of checks for the family to ensure that the correct checks are given to the correct family.
5. If the payee/proxy fails to sign the stub, staff should note "Failed to Sign", the date and staff initials on the check stub. While this documents awareness of omission, it remains an audit exception. This should only be used when all other efforts to comply have failed.
6. Store check stubs by the "First date of issuance: printed on the check. Check stubs must be retained for audit purposes.
7. If the client leaves the clinic for any reason for any amount of time without taking their checks, the checks must be voided and reprinted when they return.

POLICY: FDS: 04.3

Subject: No Check Alterations

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agency staffs are not allowed to make alterations (e.g., additions, deletions, corrections) to any check for any reason.

Procedure:

1. Local Agency staffs are required to void all checks in which there is an error.
2. Corrections should be made in the WIC Net system and checks reissued. Security roles will dictate who makes the corrections in the system.
3. If staffs are not sure how to make corrections, they should contact the CPA prior to reissuing the checks.

POLICY: FDS: 04.4

Subject: Late Check Pick-up/Proration

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: If a payee/proxy picks up checks more than 10 days after the "first date to spend," the full food package will not be issued.

Procedure:

1. WIC Net will automatically prorate checks which are picked up more than 10 days after the established family pick up date.
2. Checks will be further prorated by the system if they are picked up more than 20 days after the "first date to spend".

POLICY: FDS: 04.5

Subject: Failure to Pickup Checks

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Participants who fail to pick up WIC checks for two consecutive months will be made inactive in WIC Net.

Reference: CFR §246.7

Procedure:

1. On the first day of every month a WIC Net report will be run which identifies eligible participants who have not picked up checks for the previous calendar month.
2. Districts are to contact these clients to reappoint them to come in as soon as possible. The system will prorate and issue the previous month's checks.
3. After two months in which a participant is eligible for checks, but does not receive them, their WIC Net record will be made inactive.
4. Districts are free to continue to contact and reappoint these clients as long as their certification has not expired. When the client returns they will be able to issue any checks for which they are still eligible.

POLICY: FDS: 04.6

Subject: Voiding Checks

Effective Date: October1, 2002

Policy: The Local Agency is responsible for voiding food instruments when benefits have been issued in error, a modification in a food package is required, vendor refusal occurs or a participant becomes ineligible to receive benefits.

Reference: CFR

Procedures:

All WIC food instruments must be in the possession of the WIC staff before they can be voided. Stamp VOID on the food instrument.

Local Agency WIC staff must file the voided food instruments daily by check instrument number and have the files separated by months.

The employee within the Local WIC Agency office who voids the food instrument shall initial and date the voiding of food instrument.

The Local WIC Agency will retain all voided food instruments in storage following the WIC record retention guidelines as well as Commonwealth of Virginia records retention and disposition schedule.

Food instrument returned after expiration date cannot be voided, but must be destroyed.

The Local WIC Agency will be financially responsible for voided food instruments which are later redeemed.

POLICY: FDS: 04.7

Subject: Damaged or Destroyed Checks

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Replacement checks may be issued if the payee or proxy presents proof of damage or destruction. Check replacement will be denied and sanctions issued to participants who deliberately damage or destroy checks.

Procedure:

1. Damaged checks may be replaced if the following is visible on the check:
 - Local Agency site
 - Check date (first date to spend)
 - Check number(s)
- a. Void and replace following standard procedures.
- b. Expired checks that are damaged will not be replaced.
2. Damaged/destroyed checks without visible check numbers, Local Agency site and “first date to spend” must be reported as Lost/Stolen.
 - a. Void damaged checks in WIC Net following procedures for voiding checks. (see Policy FDS 04.6)
 - b. The State WIC Office will confirm stop payment with the WIC-344.
 - c. Issue replacement checks after receiving and reviewing the WIC-344 for accuracy.
 - Contact payee or proxy by telephone or letter to schedule pick-up time for check replacement.

- Inform payee or proxy that replacement checks will not be issued for previously redeemed checks.
 - Issue replacement checks with same "first date to spend" as the original checks.
 - Record the date checks were replaced on the WIC-344.
 - File the WIC-344 in the participant's record.
3. Follow Program abuse Policy ADM 05.0 and procedures if checks were deliberately damaged/destroyed.

POLICY: FDS: 04.8
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Subject: Lost or Stolen Checks

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The State WIC Office will replace checks reported as lost or stolen within 20 days of the "first date to spend" under the following circumstances only:

- Checks stolen – with a copy of police report, the number of which must be entered in WIC Net.
- Checks lost when participants leave home because of family violence – accept self-declaration and enter police report number 888888 in WIC Net.
- Checks lost when infants/children are removed from home and placed in foster care – with documentation from Social Service Agency. Enter a policy report number of 999999 in WIC Net.
- Checks lost in fire or natural disaster that is publicly documented.

Check replacement will be denied and sanctions issued to participants who redeem checks reported as lost or stolen.

Procedure:

1. Obtain proof of loss or theft from the participant/payee. Document in WIC Net and file proof in the participant's record.

Note: The police report requirement for stolen checks may be waived if the police department charges a fee that the participant cannot pay. The participant, payee or proxy must sign a waiver to this effect. A waiver may be only once and must be filed in the participant's record.

2. Inform payee/proxy that replacement check(s) will not be issued until it can be determined if any of the checks have been redeemed.

- a. Inform payee/proxy that if lost or stolen checks are found, they must be returned to the clinic and cannot be redeemed.
 - Inform payee/proxy they will be sanctioned if checks reported as lost or stolen are redeemed.
 - Void returned checks reported as lost/stolen and follow procedures for voiding checks in WIC Net.

Subject: Lost or Stolen Checks

3. Report lost or stolen checks to the State WIC Office through the WIC Net Help Desk. Local Agency must have proof of loss or theft before calling the State WIC Office. Report the following:
 - Local Agency site
 - Check date (first date to spend)
 - Check number(s)
 - a. Report a stop payment on all suspected lost/stolen checks if the payee/proxy is unable to identify the exact check numbers.
 - Participants will not receive replacement checks for previously redeemed checks. In this case, sanctions will not be issued.
4. The State WIC Office will identify if any checks have been redeemed.
5. Issue replacement checks for those checks not redeemed.
 - a. Inform payee or proxy that replacement checks will not be issued for previously redeemed checks. Follow Program abuse policy and procedures, if necessary.
 - b. Replacement checks will be issued with same "first date to spend" as the original checks.
6. Checks reported as lost or stolen with expired dates or without a police report (exceptions noted above) will not be replaced.
 - a. Checks reported as lost or stolen that are not replaced should still be voided in WIC Net as Lost/Stolen.
 - b. If infant formula checks are not replaced, and the infant is on a contract formula, the Agency should issue sample formula to cover the infant until the next checks are issued. This can only be done once during infancy. If more than one month's worth of checks are lost, only one month's worth can be replaced with samples and the client will need to be referred to a Food Bank or other resources for assistance.

Subject: Checks Returned by Grocery Stores

Policy: Grocery stores are instructed in the WIC Program Vendor Manual to contact the State WIC Office, not the Local Agency, when the bank rejects a WIC check.

Procedure:

1. Do not replace checks rejected by the bank. Rejected checks will have the rejection reason stamped on the front of the check.
2. Mail rejected checks returned to the Local Agency to the State WIC Office.
3. If a participant fails to sign a check and the store request assistance from the Local Agency to obtain a signature, Local Agency staff should not contact the participant to sign checks after the fact. Participants should be reminded of their responsibility to sign checks at the store.

POLICY: FDS: 02.2.2b

Subject: Exclusively Breastfeeding Food Package

Effective Date: December 16, 2002

Revised from: November 15, 2002

Policy: A woman who exclusively breastfeeds her infant(s) (i.e., does not receive any formula on the WIC Program) will receive the exclusively breastfeeding food package. The exclusively breastfeeding food package includes an “extra check” with additional cheese, dried beans/peas, juice, canned tuna, and carrots.

Reference: CFR §246.10

Procedure:

1. Prescribe the exclusively breastfeeding food package and issue checks. WIC Net will automatically assign and print the “extra check” as part of the exclusively breastfeeding food package prescription.
2. Prescribe the exclusively breastfeeding food package for the infant. WIC Net will issue a check for the infant that states “Thank you Mom for Breastfeeding Me.”
3. If formula is requested for the infant(s), discontinue the exclusively breastfeeding food package prescription. The breastfeeding woman will no longer receive the “extra check”.
 - a. Counsel the breastfeeding woman on the effects formula supplementation will have on breastmilk production.
 - b. Tailor the breastfeeding woman’s foods to how often she breastfeeds her infant(s) – see Policy FDS: 02.3.5.
 - c. Prescribe powdered formula to reduce waste.

- Follow standard formula replacement instructions and consider the “Thank You Mom for Breastfeeding Me” check to be spent and mark as such in the WICNET system.
- d. Prescribe the appropriate infant foods.
- e. Collect and void the unredeemed “extra check”.
- f. Refer the breastfeeding woman to a breastfeeding peer counselor.

POLICY: INT: 01.0

Subject: Processing Standards

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Pregnant women, infants under 6 months of age, migrants and their family members, homeless persons and participants with the WIC Transfer Card must be notified of their eligibility or ineligibility within 10 calendar days of the request for WIC benefits.

All other applicants must be notified of their eligibility or ineligibility within 20 calendar days of the request for WIC benefits.

Reference: CFR §246.7

Procedure:

1. All Local Agencies are required to use the WIC Net Appointment module to document all WIC appointments.
2. All applicants/clients must have their appointment documented in WIC Net.
3. “Walk-in” clinics can only be used if they are advertised and clients just come in without calling in advance.
4. Any client who is turned away from a “walk-in” clinic due to volume must be entered into the system and given an appointment within the time frame for their category. It is not acceptable to simply tell them to come to the next “walk-in” clinic.

POLICY: INT: 02.0

Subject: Certification Appointments

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The certification process begins when an applicant contacts the Local Agency to make an oral or written request for WIC benefits. Local Agencies which routinely conduct “walk-in” WIC clinics must schedule appointments for anyone who calls or comes in to request WIC benefits for themselves or on behalf of others.

Reference: CFR §246.7

Procedure:

1. Follow these time-frames when scheduling a certification appointment:
 - a. Pregnant women, infants under 6 months of age, migrant farmworkers and their family members, and homeless applicants must receive a certification appointment and be notified of their eligibility/ineligibility within 10 days of the first request for WIC benefits.
 - b. All other applicants must receive a certification appointment and be notified of their eligibility/ineligibility within 20 days of the first request for WIC benefits.
2. Record the applicant’s information in the WIC Net Appointment module.

POLICY: INT: 02.1

Subject: Missed Appointments

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The Local Agency must notify all participants/applicants who miss their initial certification or subsequent appointment by telephone within 72 hours.

Local Agency staff is expected to follow-up on all missed certification appointments immediately to reschedule applicant(s).

Reference: CFR §246.7

Procedure:

1. The Local Agency will attempt to contact the applicant by telephone. If unsuccessful, the Local Agency should mail a post card to have applicant call to reschedule her/his appointment.
2. If the applicant does not have a telephone, the Local Agency must notify the applicant by mail to reschedule the missed appointment.
3. The Local Agency must document and file for audit purposes proof that 100% of pregnant applicants who miss their initial appointment were contacted to reschedule the missed appointment.

4. Staff will encourage clients to notify the Local Agency of a change in telephone number or alternative telephone numbers.

POLICY: INT: 02.2

Subject: Extended Office Hours

Effective Date: October 1, 2001

Policy:

The Local Agency must offer extended or alternate operating hours regularly and on a consistent basis for both certification and nutrition education/check pickup for those potential and actual clients for whom it is a hardship to visit the Local Agency during established working hours. The Local Agency will provide documentation that the extended or alternative hours accommodate the needs of these actual or potential clients. The extended or alternative operational hours must be approved by the State WIC office. Such service hours may include opening earlier, late or later evening(s), or providing weekend services.

Reference: CFR 246.7(b)(4)

Procedure:

1. Normal operational hours are Monday-Friday from 8 AM – 12 PM and 1 PM – 5 PM.
2. The Local Agency must determine what extended or alternative hours will be needed based upon client caseload.
3. The Local Agency must establish and present an operational plan to the State Office resolving potential participant issues. Once approved, it will be the responsibility of the Local Agency to inform the participant that alternate hours are available.
4. Extended hours must be made available for the following reasons:
 - a. Conflict with job
 - b. Conflict with education schedule
 - c. Lack of transportation during working hours
 - d. Migrant worker unable to get to the local office during normal business hours
5. The Local Agency may schedule special appointments for specific clients, or may leave the office open for walk-ins.

POLICY: INT: 03.0

Subject: Nutrition Education

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The payee/proxy must be given a nutrition education appointment at each certification/recertification visit.

Procedure:

1. Nutrition Education appointments can be made up to 14 days prior to the family issuance date.
2. All family members should be given simultaneous appointments for nutrition education.

POLICY: INT: 04.0

Subject: Recertification Appointments

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The participant should be scheduled for recertification during the period thirty days prior to the end of their certification.

Reference: CFR §246.7

Procedure:

1. The participant should be scheduled for recertification within 30 days *prior* to their certification end date.
2. The recertification appointment should be given at the time of the last nutrition education appointment during the certification.
3. The participant should be given a reminder of what documents to bring to their recertification appointment. This reminder should include a statement that failure to be recertified will result in their loss of benefits.

POLICY: NEd: 01.0
(Page 1 of 2)

Subject: Nutrition Education Overview

Effective Date: October 1, 2002

Revised from: July 1, 2001

The primary goal of the WIC Program is to provide quality preventive nutrition services that improve health outcomes in a cost-effective manner. This is accomplished through the three core services - nutrition education, nutritious supplemental foods and referrals to other health care and social service programs.

Nutrition education is a valuable benefit of the WIC Program and begins during the initial certification. Local Agencies must make nutrition education available to all participants and the parents/guardians of infant and child participants at no cost. Nutrition education must be presented in a way that is easily understood by participants and has practical relevance to the participant's nutritional needs, household situation, and cultural preferences.

Nutrition education must be coordinated and integrated with other clinics and services. Nutrition education must be designed to meet the two basic goals of teaching participants the relationship between proper nutrition and good health, and assisting participants in making positive changes in their food habits.

Reference: CFR §246.11

Nutrition Education will embrace the following principles to ensure effectiveness and quality:

- Interactive – Involve some type of meaningful interaction and exchange with the family. Nutrition education will involve families in self-assessment and self-directed goal setting and help families move towards their desired level of wellness.
- Flexible – Offered using multiple strategies and techniques to effectively reach and impact participants and their family.
- Relevant – Impart appropriate and relevant education that is valued by the family. It will be offered to participants in a fun, interactive manner through developmentally and culturally appropriate teaching aids.
- Supportive Environment – Offered in a family friendly environment for optimal learning. Staff will support the family's needs and form partnerships with families to promote good health.
- Trained Staff – Facilitated or taught by qualified, well-trained and equipped staff.

Subject: Nutrition Education Overview

- Culturally Supportive – Acknowledge and support differences in cultures and languages and is sensitive to cultural food choices, when possible.
- Targeted Concept – Cover a few relevant messages and issues that are important to participants and their family.
- Community Based – Allow staff to connect, build and nurture relationships with other community entities to integrate and normalize good health practices into the lives of families.

POLICY: NEd: 02.0

Subject: Nutrition Education Contacts

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy:

At least two nutrition education contacts must be offered during each certification period to all:

- Adult participants, and
- Parents/guardians of children and infants enrolled at five months or older.

At least four nutrition education contacts must be offered by the end of the one-year certification period to all:

- Parents/guardians of infants enrolled under five months of age.

Reference: CFR §246.11

Procedure:

1. At certification, emphasize the benefits of nutrition education and encourage the participant or parent/guardian to attend and participate in nutrition education activities.
 - a. Offer nutrition education activities directly to children, if possible.
2. Document the refusal to receive nutrition education in the participant's record.
 - a. Supplemental food may not be withheld from participants who refuse nutrition education.

POLICY: NEd: 02.1

Subject: Nutrition Education Contact – Initial

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Initial nutrition education shall be provided during the certification visit to all participants. Nutrition education shall be interactive and involve an exchange of information between the participant and educator. Nutrition education shall be based on the participant's risk, cultural and language needs and interest. Nutrition education shall follow the basic principles outlined in Policy NEd 01.0 – Nutrition Education Overview.

Level 2 through 4 staff shall provide nutrition education during the initial and subsequent certification visits.

Individual counseling and group activities shall be used to provide initial nutrition education.

Reference: CFR §246.11

POLICY: NEd: 02.2

Subject: Nutrition Education Contact – Follow-Up, Low Risk

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Follow up nutrition education shall be made available to all low risk participants during each certification period. Follow up education shall be based on the participant's needs, interests and cultural and language needs. Nutrition education shall follow the basic principles outlined in Policy NEd 01.0 (Nutrition Education Overview).

All levels of staff are authorized to provide follow up education to low risk participants.

Individual counseling, group activities, web-based and/or multimedia (Kiosks) may be used to provide follow up education to low risk participants. Telephone contacts are allowed but only as a supplement to the methods listed above.

Reference: CFR §246.11

POLICY: NEd: 02.3
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Subject: Nutrition Education Contact – Follow-Up, High Risk

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy:

Follow up nutrition education shall be made available to all high-risk participants during each certification period. Follow up education shall be based on the participant's needs, interests and cultural and language needs. Nutrition education shall follow the basic principles outlined in Policy NEd 01.0 (Nutrition Education Overview).

Only Level 3 and 4 staff is authorized to provide follow up education to high-risk participants. Level 4 staffs are the preferred providers for high-risk follow up education. Staff must provide assessment, counseling and follow up to a high-risk participant within 90 days of the certification visit.

An individualized nutrition care plan must be developed to document a high-risk participant. The individualized care plan shall include the identification of all nutrition-related problems, participant goals, appropriate referrals and a plan for follow up.

Individual counseling shall be used to provide follow up education to high-risk participants. Telephone contacts are allowed but only as a supplement to individual counseling.

One or more of the following conditions indicates a high-risk participant:

Pregnant Women:

- Hyperemesis Gravidum
- Medical condition or nutritional deficiency
- Very low hemoglobin/hematocrit (at or below 9.9 Hgb or 28.9 Hct)
- Other deficiency anemias
- Multi-fetal gestation
- Low maternal weight gain
- Maternal weight loss during pregnancy
- Pre-pregnancy underweight

Subject: Nutrition Education Contact – Follow-Up, High Risk

- Very overweight
- Fetal growth retardation
- Use of alcohol or drugs

Breastfeeding Women/Postpartum Women:

- Very low hemoglobin/hematocrit (at or below 10.9 Hgb or 32.9 Hct)
- Medical condition or nutritional deficiency
- Breastfeeding complications or potential complications
- Use of alcohol or drugs

Infant/Child:

- Medical condition or nutritional deficiency
- Very low hemoglobin/hematocrit (at or below 9.9 Hgb or 28.9 Hct)
- High blood lead or lead poisoning
- Low birth weight (at or below 2,500 grams or 5 1/2 pounds)
- Small for gestational age (up to age one)
- Very overweight (at or above 95th percentile wt/ht/length)
- Very underweight (at or below 5th percentile wt/ht/length)

Reference: CFR §246.11

POLICY: NEd: 03.0

Subject: Nutrition Education Methods

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies shall use a variety of nutrition education methods to meet the learning needs and preferences of participants. All nutrition education methods must be interactive and involve an information exchange between the WIC staff and participant for the purpose of increasing knowledge and/or affecting behavior change. Approved nutrition education methods include individual counseling, group activities, web-based and multimedia education.

Procedure:

1. Determine the nutrition education method the participant prefers. For example:
 - Some working participants may choose web-based over group nutrition education classes to fit their lifestyle.
2. Schedule the participant for the type of nutrition education s/he selected.
3. Actively involve the participant through an activity or discussion that results in a verbal, written or physical response. For example:
 - Participant and family actively participates in jump rope activity contest
 - Participant voluntarily shares personal breastfeeding experiences and tips with other mothers
 - Participant leads a food demonstration

POLICY: NEd: 03.1
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Subject: Nutrition Education – Individual Counseling

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Individual counseling is an approved nutrition education method for the initial and follow up low and high risk contact. Individual counseling shall follow the basic principles in *Policy NEd 01.0 – Nutrition Education Overview* and be based on the participant's nutritional needs and interests, cultural and language preferences and literacy level. Individual counseling shall be appealing, interactive and actively engage the participant and other family members. Individual counseling shall incorporate community and national nutrition messages (e.g., folic acid, 5-A-Day etc.) and focus on lifelong positive dietary and health habits to prevent disease. Individual counseling shall be responsive to the participant's needs as well as family centered and shall facilitate behavior change.

Procedure:

Follow the steps below to provide individual counseling to participants:

1. Gather information.

Ask open ended, guiding questions to identify the participant's knowledge and interests. For example:

- "What have you heard about breastfeeding?"
- "What have you heard about folic acid?"
- "Tell me about how you/your child are eating?"

2. Affirm the participant's feelings.

Affirm the participant's feelings and acknowledge their concerns are normal. For example:

- "I have heard many women say that"
- "This is a common concern with children of this age"

3. Educate the participant.

Give only specific information in which the participant is interested. For example:

- If the participant is concerned about her child's weight, discuss ways to lower the fat and/or sugar in the child's diet and/or increase activity
- If the participant is constipated, discuss how to increase liquid and fiber intake
- If the participant is concerned that she will not make enough breast milk, discuss signs of adequate intake by her infant

Subject: Nutrition Education – Individual Counseling

4. Engage the participant in goal setting.
Actively involve the participant/guardian in setting realistic, achievable goals. For example:
 - "I plan to exclusively breastfeed my infant for at least 3 months"
 - "I plan to call for a breast pump two weeks before I return to work/school"
 - "I will drink three cups of milk each day while I'm pregnant"
 - "I will give my child water at meals and with snacks 3 times a day"
5. Make appropriate referrals.
Direct the participant to appropriate services to help achieve goal(s). For example:
 - Refer participants to EFNEP to learn how to identify sugary foods to avoid in the grocery store
 - Refer to a breastfeeding peer counselor for follow up breastfeeding support
6. Document nutrition education on the Care Plan Screen in WIC Net.

Subject: Nutrition Education – Group

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Group nutrition education is an approved educational method for the initial and follow up low risk contact. Group nutrition education activities may include, but are not limited to, food demonstrations, food shopping tours, group discussions and physical activity programs. Group nutrition education shall use two or more of the senses – tasting, seeing, feeling, smelling and hearing. Group education shall follow the basic principles in *Policy NEd 01.0 – Nutrition Education Overview* and be based on the participants' nutritional needs and interests, cultural and language preferences and literacy level. Group education shall be appealing, creative, interactive and engage participants and other family members. Group education shall incorporate community and national nutrition messages (e.g., folic acid, 5-A-Day etc.) and focus on lifelong positive dietary and health habits to prevent disease. Group education shall be responsive to participants' needs as well as family centered and shall facilitate behavior change.

Procedure:

Follow the steps below to provide group education:

1. Develop or use an existing activity.

- Activities may include a food demonstration, planting a garden, cooking class, physical activity class, group discussion, focus group, craft activity using a nutrition theme (participants can create a puppet, mobile or display), grocery store tour, taste test, storytelling time, nutrition skit or “talk show,” science experiment, game or special theme day.
- Gather materials/props to be used during the activity. For example, videos, craft and/or food supplies, games, posters, books, educational pamphlets etc.

2. Educate participants using interactive techniques to engage them in the activity.

- Have participants plant vegetable seeds in Dixie cups. Tie activity to nutrition.
- Make a mystery box. Children can reach in and try to identify different fruits and vegetables.
- Create a fishing pond for children. Children can “fish” for their favorite activity (swimming, jump roping, running).

3. Encourage participants to set goals related to the group activity. For example:

- “How can you add more fruits and vegetables to your daily diets?”
- "What daily activity can you do with your child?"

Subject: Nutrition Education – Group

4. Document nutrition education using the Group function in the Appointment Scheduler in WIC Net.
5. Revise the activity, if necessary, and file at the Local Agency.

POLICY: NEd: 03.3

Subject: Nutrition Education – Web Based

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy:

Web-based nutrition education (i.e., HealthBites) is an approved educational method for the follow up low risk contact. WIC staff shall actively promote the availability and use of HealthBites to all participants. HealthBites shall offer reliable, accurate, timely and relevant nutrition information that meets participants' needs. WIC staff shall track the number of participants that receive information through HealthBites and follow up with participants in a timely manner to discuss skills/knowledge gained, health goals set and/or behaviors changed as a result of viewing HealthBites.

Procedure:

Follow the steps below to provide follow up web-based education:

1. Promote web-based nutrition education (HealthBites) to all participants at the certification visit.
2. Track which participants complete HealthBites.
3. Follow up with participants at the return clinic visit to discuss what behaviors they changed as a result of completing HealthBites and to answer questions/concerns. For example:
 - "Have you made any changes in your diet after viewing HealthBites?"
4. Document nutrition education on the Care Plan Screen in WIC Net.

POLICY: NEd: 03.4

Subject: Nutrition Education – Multimedia (Kiosk)

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy:

Multimedia (kiosk) nutrition education is an approved educational method for the follow up low risk contact. WIC staff shall actively promote the availability and use of multimedia education to all participants. The multimedia modules shall offer reliable, accurate, and relevant nutrition information that meets participants' needs and interests. WIC staff shall demonstrate how to operate the kiosk and follow up with participants in a timely manner to discuss skills/knowledge gained, health goals set and/or behaviors changed as a result of viewing the kiosk module(s).

Procedure:

Follow the steps below to provide follow up multimedia (Kiosk) education:

1. Demonstrate to the participant how to operate the kiosk.
2. Assist the participant with choosing a nutrition education module that meets her needs/interests.
3. After the participant completes the module(s), engage them in setting personal goals that relate to the subject of the module.
 - "What type of exercise do you like to do?" "How often can you do it?"
 - "What fruits and vegetables do you eat?" "What can you do to increase your intake?"
4. Answer the participant's questions/concerns and provide supplemental educational material, if appropriate.
 - "What did you think of the information you just viewed?" "Do you have any questions?"
5. Document nutrition education on the Care Plan Screen in WIC Net.

POLICY: NEd: 04.0
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Subject: Nutrition Education Levels

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Four levels of nutrition interventions have been developed for staff who provides nutrition education. Levels 1, 2, 3 and 4 correspond to increasing levels of complexity of the nutrition intervention as well as increasing competency and technical skills required to provide the intervention. Level 5 provides direction and management of nutrition programs and staff.

The five levels are defined as:

Level 1:	Nutritionist Assistant Non CPA	Lowest Intervention Level – Limited assessment, <u>cannot certify participants</u> . Provides follow up education to low risk participants under nutritionist's supervision. Must complete designated WIC Web Based Nutrition Education Program Training Modules.
Level 2:	Nutritionist Assistant CPA	Moderate Intervention Level – Expanded assessment, <u>can CPA certify all participants</u> . Provides initial nutrition education to all participants and follow up education to low risk participants under nutritionist's supervision. Must complete all WIC Web Based Nutrition Education Program Training Modules. Includes LPNs, dietetic technicians and home economists with a general bachelor's degree.
Level 3:	Nutritionist	High Intervention Level – Expanded assessment, <u>can certify all participants</u> . Provides initial and follow up nutrition education to low and high risk participants. Includes home economists with a major in food/nutrition, nutritionists, dietitians, registered nurses, nurse practitioners, physician assistants and physicians.
Level 4:	Nutritionist Senior	Higher Intervention Level – Registered Dietitian who can assess and provide initial and follow up nutrition education to low and high risk participants. Preferred provider for high risk participants. Reinforces medical care plan provided by the health care system and provides Medical Nutrition Therapy (MNT)* services. Works with other community programs to integrate nutrition services. In some settings, may perform management functions (i.e. supervise WIC nutrition and administrative staff). Includes Registered Dietitians.
Level 5:	Nutritionist Supervisor	Highest Intervention Level – Registered Dietitian and/or Masters prepared nutritionist with emphasis in public health nutrition who plans, directs, supervisors and evaluates nutrition programs and services. Oversees collaboration of nutrition services with other community programs. Performs management functions for nutrition program staff.

* MNT involves assessment of the participant's nutritional status and diet modification, counseling and specialized nutrition therapies performed by Registered Dietitians. Conditions such as diabetes and renal disease require MNT. MNT is an essential reimbursable component of comprehensive health care services.

Subject: Nutrition Education Levels

The following tables define the roles of Level 1 through Level 5 staff in more detail:

TABLE 1

NUTRITION SERVICE	LEVEL 1 Nutritionist Assistant/Non CPA Lowest intervention level
Assessment	Limited assessment <ul style="list-style-type: none"> • Maintains and calibrates equipment • Explains procedure for collecting measurements to clients • Collects height, weight and blood work • Documents measurements (i.e. anthropometrics and blood work)
Education	<ul style="list-style-type: none"> • Assists nutritionist in providing general information about healthful foods, food buying and food preparation • Assists nutritionist in nutrition education activities • Assists the nutritionist in preparation of materials and lesson plans • Orders and maintains nutrition education outreach materials/aids and supplies • Provides appropriate referrals
Record Keeping	<ul style="list-style-type: none"> • Collects and records routine information • Assists with the issuing, recording and security of food instruments and stubs
Outreach	<ul style="list-style-type: none"> • Explains WIC services to (potential) clients • Tracks enrollment and participation • Contacts clients for visits and missed appointments • Schedules appointments • Provides community outreach
Staff Qualifications	<ul style="list-style-type: none"> • High school graduate or equivalent
Staff Requirements	Completes WIC Web Based Nutrition Education Program Modules <ul style="list-style-type: none"> • <i>Basic Education</i> – Module 3 • <i>Nutrition for WIC Participants</i>- Module 4 • <i>Nutrition Education</i> – Module 7 • <i>Breastfeeding</i> – Module 10
Continuing Education Requirement	<ul style="list-style-type: none"> • Receives a minimum of 3 hours a year of nutrition training.

Subject: Nutrition Education Levels

TABLE 2

NUTRITION SERVICE	LEVEL 2 Nutritionist Assistant/CPA Moderate intervention level
Assessment	Expanded assessment <ul style="list-style-type: none"> • Maintains and calibrates equipment • Explains procedure for collecting measurements to clients • Collects height, weight and blood work • Documents measurements (i.e. anthropometrics and blood work) • Conducts dietary assessment • Assesses for health risks • Refers high risk clients to nutritionist for follow-up education
Counseling and Education	<ul style="list-style-type: none"> • Provides general nutrition education to all low risk clients • Prescribes an appropriate WIC food package • Assists and/or conducts nutrition education activities • Assists the nutritionist in preparation of materials and lesson plans • Provides appropriate referrals
Record Keeping	<ul style="list-style-type: none"> • Collects and records routine information • Assists with the issuing and recording of food instruments and stubs
Outreach	<ul style="list-style-type: none"> • Explains WIC services to (potential) clients • Tracks enrollment and participation • Contacts clients for visits and missed appointments • Schedules appointments • Provides community outreach
Staff Qualifications	<ul style="list-style-type: none"> • High school graduate or equivalent
Staff Requirements	<ul style="list-style-type: none"> • Completes all WIC Web Based Nutrition Education Program Modules
Continuing Education Requirement	<ul style="list-style-type: none"> • Receives a minimum of 5 hours a year of nutrition training

Subject: Nutrition Education Levels

TABLE 3

NUTRITION SERVICE	LEVEL 3 Nutritionist/CPA High intervention level
Assessment	Expanded assessment <ul style="list-style-type: none"> • Collects and documents height, weight and blood work • Conducts dietary assessment • Assesses for health risks
Counseling and Education	<ul style="list-style-type: none"> • Provides nutrition counseling to low/high-risk clients/families • Prescribes appropriate WIC food package • Determines frequency /content of follow-up nutrition education • Provides appropriate referrals • Monitors client care follow up recommendations and referrals • Prepares nutrition education materials/aids • Creates a client friendly environment • Plans, conducts and evaluates nutrition education
Record Keeping	<ul style="list-style-type: none"> • Collects and records information • Assists in issuing food instruments and stubs
Consultation	<ul style="list-style-type: none"> • Provides nutrition consultation to internal/external customers • Coordinates client care to improve health care outcomes • Consults with health care providers to develop care plan • Provides in-service education
Planning & Evaluation	<ul style="list-style-type: none"> • Defines the market and number and characteristics of customers served • Assists with development, implementation and evaluation of Nutrition Services Plan
Staff Qualifications	<ul style="list-style-type: none"> • Nutritionist - See Code of Virginia §54.1-2731 and Board of Health Professions 18 VAC 75-30-10: Regulations Governing Dietitians and Nutritionists. (Appendix 3).
Staff Requirements	<ul style="list-style-type: none"> • Completes all WIC Web Based Nutrition Education Program Module Tests as part of orientation. Level 3 staff may test out of Modules and have the option of not completing the activities
Continuing Education Requirement	<ul style="list-style-type: none"> • Receives a minimum of 10 hours a year of nutrition training

Subject: Nutrition Education Levels

TABLE 4

NUTRITION SERVICE	LEVEL 4 Nutritionist/CPA/ Registered Dietitian Higher intervention level
Assessment	<ul style="list-style-type: none"> • Conducts a comprehensive nutritional assessment to develop care plan • Conducts a comprehensive community assessment • Assesses productivity/cost effectiveness of nutrition services
Counseling and Education	<ul style="list-style-type: none"> • Provides nutrition counseling to high-risk clients/families • Prescribes appropriate WIC food package • Provides reimbursable Medical Nutrition Therapy upon health care provider's request • Determines frequency/content of follow-up nutrition education • Monitors follow up recommendations and referrals • Assures and coordinates the client's nutrition care needs as identified by the family and health care team • Prepares nutrition education materials/aids • Creates a client friendly environment • Plans, conducts and evaluates nutrition education
Record Keeping	<ul style="list-style-type: none"> • Collects and records information • Assists in issuing food instruments and stubs
Consultation	<ul style="list-style-type: none"> • Provides nutrition consultation to internal/external customers • Coordinates client care to improve health care outcomes • Consults with health care providers to develop care plan • Provides in-service education
Planning & Evaluation	<ul style="list-style-type: none"> • Assists with determining health priorities and in developing goals and objectives • Plans, implements and evaluates community interventions • Analyzes and interprets data to monitor nutrition programs
Staff Qualifications	<ul style="list-style-type: none"> • Registered Dietitian – See Code of Virginia §54.1-2731 and Board of Health Professions 18 VAC 75-30-10: Regulations Governing Dietitians and Nutritionists. (Appendix 3).
Staff Requirements	<ul style="list-style-type: none"> • Completes all WIC Web Based Nutrition Education Program Module Tests as part of orientation. Level 4 staff may test out of Modules and have the option of not completing the activities
Continuing Education Requirement	<ul style="list-style-type: none"> • Receives a minimum of 15 hours a year of nutrition training.

Subject: Nutrition Education Levels

TABLE 5

Nutrition Service	Level 5 Nutritionist Supervisor/CPA/Registered Dietitian
Assessment	<ul style="list-style-type: none"> Assesses nutrition and diet-related health problems and resources within the health district Assesses the productivity and cost effectiveness of nutrition services Assesses staff training needs
Management	<ul style="list-style-type: none"> Plans, assigns, directs, and evaluates the work of public health nutrition and support personnel Prepares employee work profiles, and recruits, selects, and orients new staff Advises Health District Director on nutrition services and staffing needs Coordinates the development and implementation of the district strategic nutrition work plan, quality assurance and information systems Compiles, analyzes and reports health and nutrition data and documents outcomes Analyzes, interprets and prepares nutrition policies for delivery of nutrition services to be in compliance with federal, state and local regulations Oversees in the development of standards of care and protocols to ensure quality nutrition services are delivered and monitors compliance to these standards Prepares, justifies and monitors nutrition services budget Oversees the development of a fee schedule for nutrition services
Planning & Evaluation	<ul style="list-style-type: none"> Oversees the operational planning and evaluation of nutrition services Assures consumer, client and professional recommendations are incorporated into nutrition services Utilizes agency management information system to monitor, evaluate and document nutrition programs
Staff Qualifications	<ul style="list-style-type: none"> B.S. in Nutrition, MPH or MS in nutrition and/or Registered Dietitian preferred
Staff Requirements	<ul style="list-style-type: none"> Completes all WIC Web Based Nutrition Education Program Module Tests as part of orientation. Level 5 staff may test out of Modules and have the option of not completing the activities
Continuing Education Requirement	<ul style="list-style-type: none"> Receives a minimum of 15 hours a year of nutrition training

Subject: Coordinating Nutrition Services

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies shall plan, coordinate and integrate nutrition services with other health department staff, agencies and programs. Local Agencies shall work with pediatric, prenatal, family planning and other staff to ensure nutrition education is coordinated with other services that benefit the participant. Local Agencies shall work with other community partners and public and private organizations to ensure consistent and appropriate nutrition education messages are delivered to participants.

POLICY: NEd: 06.0
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Subject: Breastfeeding Staffing Guide

Effective Date: October 1, 2002

Policy: WIC staff shall be qualified to promote breastfeeding as the preferred infant feeding method.

Procedure:

1. Each state shall appoint a state breastfeeding coordinator to ensure breastfeeding activities are incorporated into WIC program operations. The state breastfeeding coordinator shall:
 - a. Have a minimum of 2 years experience in breastfeeding promotion and education
 - b. Have a college bachelor's degree in any health or nutrition field
 - c. Specialized training in lactation management, such as a Certified Lactation Counselor (CLC) but International Board Certified Lactation Consultant (IBCLC) preferred
 - d. Receive a minimum of 15 hours of continuing lactation education annually
 - e. Assess, plan and evaluate state's breastfeeding activities on an annual basis
2. Each district shall appoint a district breastfeeding coordinator to ensure breastfeeding activities are incorporated into WIC program operations. The district breastfeeding coordinator shall:
 - a. Have a minimum of 1 year experience in breastfeeding counseling
 - b. Complete a State approved training in lactation management (minimum of 24 hours)

- c. Receive a minimum of 8 hours of continuing lactation education annually
 - d. Meet CPA qualifications
 - e. Assess, plan and evaluate district's breastfeeding activities on an annual basis
 - f. Complete and submit the Quarterly Breastfeeding Report to the state breastfeeding coordinator
3. All WIC staff shall have task appropriate breastfeeding training.
- a. All WIC staff shall have a breastfeeding element in their job descriptions (EWP)

Subject: Breastfeeding Staffing Guide

- b. All new WIC staff has task appropriate breastfeeding training incorporated into their orientation program
 - c. All WIC staff receives a minimum of 5 hours of continuing lactation education annually
 - d. Level 2 staff and breastfeeding peer counselors can counsel low risk participants
 - e. Level 3 and 4 staff and certified lactation consultants can counsel high-risk participants
4. Train and utilize breastfeeding peer counselors to promote and support breastfeeding.
- a. All peer counselors must complete Virginia's Peer Counseling Training Program and pass all tests to be considered a WIC breastfeeding peer counselor. Breastfeeding peer counselors trained through other programs shall get approval from the state agency to be considered a peer counselor.
 - b. Every district should have breastfeeding peer counselors to offer education and support to WIC participants.

POLICY: NEd: 06.1

Subject: Breastfeeding Education

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Local Agencies must promote breastfeeding as the preferred infant feeding method by creating a positive environment and providing information and assistance on the health benefits and advantages of breastfeeding to all pregnant and breastfeeding women.

Reference: CFR §246.11

Procedure:

1. Districts must develop annual goals to increase breastfeeding incidence and duration.
 - a. Each district must assign a breastfeeding coordinator to plan, monitor and evaluate the district's breastfeeding promotion program.
 - b. The district breastfeeding coordinator, using the Quarterly Activity Report, must document breastfeeding activities and equipment. See Forms Chapter for instructions.
2. All clinics must be "breastfeeding friendly."

- a. Positive breastfeeding messages must be included in educational activities, materials, and outreach efforts.
 - b. Formula advertisements and cans (cases) must not be visible in clinic.
 - c. Clinics must provide a comfortable, discreet area for participants to nurse.
3. Breastfeeding peer counselors should be used to promote and support breastfeeding. See Breastfeeding Peer Counselor Training Manuals.
4. Inform each pregnant participant about the following breastfeeding benefits:
- a. Breastfeeding women receive WIC benefits up to one year; non-breastfeeding women are eligible for only 6 months.
 - b. Breastfeeding women receive more variety and quantity of food than do non-breastfeeding women.
 - c. Breastfeeding women who exclusively breastfeed (infants receive no formula) receive a “special” food package which includes tuna fish and carrots.
 - d. Breastfeeding women are a higher priority than non-breastfeeding women.

POLICY: NEd: 06.2.1

Subject: Manual Breast Pumps

Effective Date: October 1, 2002

Supersedes: July 1, 2001 Revision

Policy: Manual breast pumps may be given after delivery to breastfeeding participants for short – term separation and/or for occasional use.

Procedure:

1. The breastfeeding coordinator/designee must:
 - a. Document the reason the participant needs the pump.
 - b. Provide information on the handling and storage of breast milk.
 - c. Instruct participant to discontinue the use of the pump if discomfort occurs.

POLICY: NEd: 06.2.2
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Subject: Small Electric Breast Pumps

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Small electric breast pumps may be loaned and attachment kits given to WIC participants with an adequate or stable milk supply to maintain or collect breast milk.

Small electric breast pumps may be loaned to breastfeeding WIC employees until needed by a WIC participant.

Procedure:

1. Loan small electric breast pumps and give attachment kits based on the following priority:
 - a. Priority 1: Participant/infant separation (work, school)
 - b. Priority 2: Occasional separation
 - c. Priority 3: Special needs – at the discretion of the district breastfeeding coordinator/designee.
2. The breastfeeding coordinator/designee must:
 - a. Ensure the participant is on the WIC program as pregnant (post delivery only) or breastfeeding before issuing a small electric breast pump.
 - If enrolled as a post delivery pregnant participant, certify the mother as breastfeeding within 10 days of issuing the pump.
 - A participant who is determined ineligible for WIC benefits will be given the Letter of Ineligibility, WIC-315, and asked to return the breast pump.
 - b. Educate participant/designee on pumping frequency to maintain milk supply.
 - c. Assure the participant /designee is able to assemble and disassemble the pump.
 - d. Instruct participant/designee to discontinue the use of the pump if discomfort occurs.
 - e. Report the loss or damage of electric breast pumps to the State WIC Office.
 - f. Clean the exterior surface of the electric breast pump exterior with a mild bleach solution prior to re-issuance.

Subject: Small Electric Breast Pumps

3. Document follow-up within one week to participants who receive a small electric breast pump.
4. Accountability and security of small electric breast pumps:
 - a. The breastfeeding coordinator/designee is responsible for the care, security, and return of small electric breast pumps.
 - All small electric breast pumps and attachment kits must be stored in a secure area.
 - All small electric attachment kits must be stored in original, unopened packaging.
 - Breastfeeding participants who are recertified or enrolled at 6 months postpartum may keep the small electric breast pump they were given as funds allow.
 - b. The participant or WIC employee must sign the Small Electric Pump Loan Agreement. File copy in participant's record. See Forms Chapter for copy.
 - c. The breastfeeding coordinator/designee is responsible for the tracking and inventory of small electric breast pumps at the participant's follow up nutrition education visits. Report inventory on the quarterly district breastfeeding coordinator report.
5. The breastfeeding coordinator/designee may recall a small electric breast pump for an infant/participant with a higher priority.

Subject: Automatic Electric Breast Pumps

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Automatic electric breast pumps may be loaned and double attachment kits given to WIC participants to establish, maintain, or collect breast milk when the milk supply is endangered or at risk.

Automatic electric breast pumps may be loaned to breastfeeding WIC employees until needed by a WIC participant. WIC employees may not receive automatic attachment kits unless the employee is a WIC participant.

Procedure:

1. Loan automatic electric breast pumps and attachment kits based on the following priority:
 - a. Priority 1: Hospitalized participant or participant temporarily on medication that contradicts breastfeeding.
 - b. Priority 2: Relactation (bottle-feeding but decides to breastfeed).
 - c. Priority 3: Participant/infant separation (work, school).
 - d. Priority 4: Special needs – at the discretion of the district breastfeeding coordinator/designee.
2. The breastfeeding coordinator/designee must:
 - a. Ensure the participant is on the WIC program as pregnant or breastfeeding before issuing an automatic breast pump.
 - If enrolled as a pregnant participant, certify the mother as breastfeeding within 10 days of issuing the pump.
 - A participant who is determined ineligible for WIC benefits will be given the Letter of Ineligibility, WIC-315, and asked to return the breast pump.
 - b. Educate participant/designee on pumping frequency to maintain or establish milk supply.
 - c. Assure the participant/designee is able to assemble and disassemble the pump.
 - d. Provide information on the handling and storage of breast milk.

Subject: Automatic Electric Breast Pumps

- e. Instruct participant/designee to discontinue the use of the pump if discomfort occurs.
 - f. Report the loss or damage of electric breast pumps to the State WIC Office.
 - g. Clean the exterior surface of the electric breast pump exterior with a mild bleach solution prior to re-issuance.
3. Document follow-up within one week to participants who receive an automatic electric breast pump.
 4. Accountability and security of automatic electric breast pumps:
 - a. The breastfeeding coordinator/designee is responsible for the care, security, and return of automatic electric breast pumps.
 - All automatic electric breast pumps and attachment kits must be stored in a secure area.
 - All automatic electric attachment kits must be stored in original, unopened packaging.
 - b. The participant or WIC employee must sign the Automatic Electric Pump Loan Agreement. File copy in participant's record. See Forms Chapter for copy.
 - c. The breastfeeding coordinator/designee is responsible for the tracking and inventory of automatic electric breast pumps. Report inventory on the quarterly District Breastfeeding Coordinator Report.
 5. The breastfeeding coordinator/designee may recall an automatic electric breast pump for an infant/participant with a higher priority.

POLICY: NEd: 06.2.4

Subject: Supplemental Nursing System (SNS)

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The Supplemental Nursing System (SNS) may be offered to participants who have an inadequate milk supply and who do not want to offer supplemental feedings through bottles, syringes, cups, etc.

Procedure:

1. Give the SNS based on the following priority:
 - a. Priority 1: Failure to thrive or slow weight gain infant
 - b. Priority 2: Special needs infant
 - c. Priority 3: Suck dysfunction
 - d. Priority 4: Relactation
2. Inform the participant's and/or infant's health care provider if SNS is provided.
3. The health care provider must determine the type of milk supplement the infant receives through the SNS.
4. Monitor the infant's weight gain on a regular basis while on the SNS.

POLICY: NEd: 06.2.5

Subject: Breast Shells

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Breast shells may be offered to non-pregnant participants with sore nipples.

Procedure:

1. Offer breast shells for use after delivery if participant has sore nipples or the infant has a short frenulum, etc.
2. Breastfeeding shells should not be given to pregnant women due to the risk of pre-term labor.

POLICY: NEd: 06.2.6

Subject: Breast Pads

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Washable, 100% cotton breast pads may be offered to participants to help absorb milk leakage.

Procedure:

1. Provide breast pads to participants with breast milk leakage.

2. Instruct participants to change pads often when leaking occurs.

POLICY: NEd: 06.2.7

Subject: Reuse of Breastfeeding Equipment

Effective Date: October 1, 2002**Revised from: July 1, 2001**

Policy: Breastfeeding equipment may not be reused due to the potential risk and liabilities of cross-contamination.

Breastfeeding equipment may be reused for display or teaching purposes following sterilization.

Procedure:

1. To sterilize equipment, follow autoclave procedures in pump instruction booklet.
2. Store autoclaved equipment in a clean, plastic bag.

POLICY: NEd: 06.2

Subject: Breastfeeding Supplies

Effective Date: October 1, 2002**Revised from: July 1, 2001**

Policy: Equipment is available to help breastfeeding participants with specific breastfeeding management problems. Equipment includes:

- Manual breast pumps
- Electric breast pumps and attachment kits
- Supplemental Nursing Systems (SNS)
- Breast shells
- Breast pads

Procedure:

1. The district breastfeeding coordinator or designee is responsible for breastfeeding equipment and can delegate responsibilities as needed.

2. All staff who lend pumps and participants who receive a pump must be instructed on the proper use, assembly, and cleaning of breastfeeding equipment.
3. Instruct all participants on hand expression of breastmilk before issuing manual or electric breast pumps.

POLICY: NEd: 07.0
(Page 1 of 2)

Subject: Breastfeeding Contraindications

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Breastfeeding is not recommended in any of the following situations:

- Mother has AIDS or is HIV positive
- Mother is abusing drugs or alcohol
- Mother has untreated Active Tuberculosis (TB)
- Mother is undergoing therapeutic doses of chemotherapy treatment
- Mother has Human T-Cell Leukemia Virus Type 1 (HTLV-1)

Procedure:

1. Inform all women not to breastfeed with any of the above conditions.
 - a. For AIDS/HIV
 - Advise all women to know their HIV status and receive early diagnosis through routine, voluntary testing.
 - Respect client's confidentiality and do not ask their HIV status.
 - Counsel all clients that HIV positive women should not breastfeed.
 - Provide referrals to appropriate health care and supportive services. For the most current management recommendations, contact the HIV/AIDS Treatment Information Service at 1-800-448-0440.
 - b. For drug or alcohol abuse
 - Counsel women who are chemically dependent or abusing illicit drugs such as amphetamines, cocaine, heroin, marijuana, and phencyclidine not to breastfeed.

- Women who are consuming more than 2 to 2.5 ounces of liquor, 8 ounces of table wine, or 2 cans a beer on a daily basis should be counseled not to breastfeed.

Subject: Breastfeeding Contraindications

- c. For women who have untreated active TB, are undergoing active chemotherapy, or have HTLV-1, counsel not to breastfeed.
 - d. For women who are suspected to have TB, or confirmed to have untreated active TB, breastfeeding may be resumed once the woman is known to be or rendered no longer contagious. Provide an electric pump loan and instruct the client to pump and dump the milk if she desires to breastfeed after the diagnosis is confirmed.
2. Communicate the risks involved to the participant/infant if she breastfeeds with any of the above conditions.

24-Hour Diet Recall NUTR – 001

Purpose: To estimate the types of food and drink a participant consumes in a typical day, the method of preparation, the amount eaten, and the approximate time the food or drink was consumed.

Procedure:

1. Enter participant's name, age and date.
2. The participant may complete this form or the WIC staff may take the 24-hour recall using the following interviewing techniques:

NOTE: An easy time period to recall is from the time one awakens to the time one goes to bed again.

- a. Ask the participant what time s/he ate or drank for the first time.
- b. Avoid asking about breakfast, lunch or dinner.
- c. Check for foods and drinks between meals and at bedtime.
- d. Ask open-ended questions rather than those answered by a "yes" or "no".
- e. Use food models and sample glasses and cups to determine amounts of food eaten. Record time and amounts of all food eaten.
- f. Find out about methods of preparation and ingredients in mixed dishes.

- g. Check for beverages, bread, gravy, butter, margarine, jelly, cream, and salad dressings. Record usual intake of drinks to assess the adequacy of fluid intake.
 - h. Determine if this intake is typical of most days.
 - i. Record type and amount of alcoholic beverages and non-food items consumed. Document servings consumed under "Other foods and beverages."
3. Evaluate the 24-hour recall by:
- a. Counting and recording the number of servings eaten for each food group.
 - Use the food cards as a reference for serving sizes.
 - Count and document fruit and vegetable servings separately or together. The total number of fruit servings may be desired for diabetic diet counseling.
 - b. Evaluate each child individually. Serving sizes for children, ages 3 and under, are half that of adults, e.g., ½ slice of bread is counted as one whole serving.
 - c. Compare servings eaten to recommended daily servings appropriate for the age and category of the participant.
4. Use this form to determine an inappropriate/inadequate diet which includes:
- a. missing all recommended servings of one food group (children over 2 and adults),
 - b. failure to meet the recommended number of servings for two food groups (children over 2 and adults),
 - c. high intake of sugar or fat,
 - d. failure to take prescribed prenatal and/or iron supplementation, and
 - e. other dietary patterns which indicate an inappropriate diet.
5. Enter staff's full name and title.
6. Document on the Health Screen in WIC Net if there is a dietary risk. Answer **Yes** to Dietary Risk question and then select the type of risk.

Issuance: At each certification visit.

Disposition: File in participant's record.

Retention: Five years. (Longer if necessary for audit or litigation resolution.)

Subject: Participant's Rights and Responsibilities

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The participant, payee and/or proxy must be informed of his/her rights and responsibilities at each certification visit.

Reference: CFR §246.7

Procedure:

1. Complete the Participant Rights and Responsibilities Form, WIC-310.
 - a. Review the Rights and Responsibilities on the form.
 - Ensure that non-English speaking, visually and/or hearing impaired applicant/participants understand their rights and responsibilities.
 - b. Obtain the participant/payee/proxy's signature on the form.
 - An "X" signature is allowed for persons unable to sign their name. Local Agency staff must write "witnessed by" and their initials beside the "X."
 - c. File a copy of the form in the participant's record.
2. Give the Client Handbook to the participant/ payee/proxy and have them sign acknowledging receipt of the handbook.

Subject: Check Usage

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: Payees must receive instructions on how to use WIC checks and shop for WIC foods. The primary method of providing such instructions is through the Client Handbook.

Procedure:

1. Issue Client Handbook and WIC checks. Inform the payee of the following:
 - a. They are responsible for personally following all program rules and assuring that their proxy(ies) do the same.
 - b. They should read the Client Handbook to become familiar with all program rules and keep it for future reference.
 - c. They are expected to attend nutrition education and/or shop for WIC foods.
 - d. Checks cannot be redeemed before the “first date to spend” or after the “last date to spend.”
 - e. Checks cannot be altered (i.e., dates, food package) by anyone.
2. Use the WIC Approved Food List to briefly explain how to shop for WIC foods. Again, refer them to their Client Handbook. Review the following:
 - a. WIC authorized stores that display the green decal or a sign near the entrance stating that WIC checks are accepted.
 - b. They must buy WIC approved foods in amounts that do not exceed the quantities specified on the check.
 - All formula must be purchased.
 - Participants may use coupons to reduce the price of WIC foods.
 - Buy one, get one free coupons can be used with WIC checks but payee is responsible for any tax liability of the free product.
 - c. They must not return or exchange any WIC foods or formula for cash or credit.

Subject: Check Usage

3. Briefly review store checkout procedures:
 - a. They must notify that cashier that WIC checks will be used and separate WIC foods from other foods they are buying. If they are using more than one check, they must separate foods by the foods listed on each check.
 - b. They must show the ID Folder and give checks to the cashier at the beginning of the checkout process.
 - c. They must sign the check in ink, after the correct dollar amount is entered by the store cashier.
 - d. No sales tax should be charged on WIC purchases and store cashier should provide a receipt for the WIC purchases.
4. Inform the payee/proxy to report store fraud or abuse to the Local Agency.
5. Again, refer them to client Handbook for more information.

Subject: Proxy

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: A participant/payee/parent/guardian/caretaker may designate up to two (2) proxies to attend nutrition education and to obtain or redeem checks. The Local Agency will approve the proxy only if the Local Agency determines the proxy will share the nutrition education and health care referrals to the participant. The participant and proxy should be present together when the participant designates the proxy.

Reference: CFR §246.7 and 246.7(2)(p)

Procedure:

Inform the Participant:

1. The right to designate up to two (2) proxies at each (re)certification visit.
2. That the participant is responsible for all actions of the proxy, including actions that would terminate her/him from the program.
3. That the State agency will establish a claim against the participant for the full value of program benefits which have been improperly obtained or disposed by the proxy.
4. That the proxy must share all the nutrition education and health care referrals with the participant.

To designate a proxy, the following steps must be completed:

1. Verify that the proxy is over 18 years of age. Proxies under the age of 18 may be approved at the discretion of the CPA.
2. **Complete the Proxy Form(WIC-314) and explain the following information from the form:**
 - a. Inform the proxy that s/he may be a proxy for a maximum of (3) three participants.
 - b. Inform the proxy that s/he is responsible for sharing all received nutrition education, and/or other health related and public assistance program information received from WIC with the participant.
 - c. Inform the proxy that s/he is responsible for following check usage procedures and failure to do so will be considered Program abuse.
 - d. Inform the proxy that s/he has the right to complain about improper vendor and/or agency practices.

Subject: Proxy

- e. Inform proxy that s/he is required to pick up food instrument in person when scheduled for nutrition education, unless the alternative issuance system is appropriate.
 - f. Inform the proxy that proxy identification will be checked prior to any services being provided.
3. Reviews check usage procedures with the proxy and provide a Client Handbook to the proxy.
4. The participant, proxy and Local Agency staff person must sign the proxy form (WIC-314).
 - a. A signed letter from the participant may only be used to designate a proxy in hardship cases dealing with disability and the signed letter may be used only if it contains all pertinent data.
 - b. If a letter is used, the Local Agency must complete and sign the form and obtain the proxy's signature. Staple the letter to the form to be inserted into the participant's record. Compare the participant signature on the letter to the participant signature on file.
5. Use the State WIC Office's approved rubber stamp next to the proxy's signature on the ID Folder after explaining check usage procedures.
6. File the Proxy Form in the participant's record.
 - a. If the proxy is serving for more than one participant, file a copy of the proxy form in each participant's record. An individual cannot serve as proxy for more than three participants.
7. A proxy may be changed as necessary. For a proxy change, the payee and new proxy must return to the Local Agency to complete the Proxy Form and sign a new ID Folder.
8. Infants and children may be added without re-designating the proxy by updating the current Proxy Form.

Subject: Confidentiality

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: The WIC Program is not required to share information about participants with other agencies or Programs. Do not release any information without the applicant/participant/payee's prior written consent.

Reference: CFR §246.21

Procedure:

1. Provide privacy to all applicant/participant/payees when determining Program eligibility and during nutrition counseling.
2. When a grocery store contacts a Local Agency and requests participant information, i.e., address, telephone number, etc. this information should not be provided. The store making this inquiry should be directed to call their assigned WIC Program Representative for guidance on this matter.
3. Local Agencies must ensure that individual confidentiality is maintained if WIC Program information is released to the public or other agencies.
 - a. Written consent from participants must be obtained before other agencies/organizations are allowed to contact participants or receive any information about the participants.
 - b. When WIC data is requested, remove all identifiers such as, name, address and agency site.

Subject: Civil Rights: Public Notification

Effective Date: August 1, 2002

Revised from: May 15, 2002

Policy: Local Agencies must inform all applicants, participants or payees of their civil rights associated with applying for and receiving WIC benefits.

Reference: CFR §246.8

Procedure:

1. At each certification visit, inform the applicant/participant/payee that they shall not be discriminated against for reasons of race, color, national origin, age, sex or disability.
2. Display in a public area the poster “And Justice for All,” labeled AD-475-C (Revised 12-99). See Publication Order Form, WIC-337.
3. Include the following nondiscrimination statement on any materials developed which provide information about the WIC Program:

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age and disability. (Not all prohibited bases apply to all programs)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

- a. The nondiscrimination statement is not required on materials which contain no information on the WIC Program.
4. When the WIC Program is publicized, include the following nondiscrimination statement:

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age and disability. (Not all prohibited bases apply to all programs)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

- a. When space prohibits the use of the above lengthy statement, the following minimal statement may be used:

“This institution is an equal opportunity provider.”

Subject: Civil Rights Complaints

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: An applicant, participant or payee may file a civil rights complaint based on race, color, national origin, age, sex or disability within 180 days of the alleged discriminatory action.

Reference: CFR §246.8

Procedure:

1. Inform the applicant, participant or payee that a civil rights complaint may be filed by writing to:

***The Secretary of Agriculture
Washington, DC, 20250***

2. If the applicant, participant or payee requests or requires assistance in filing a civil rights complaint, the Local Agency must:

- a. Immediately complete and mail the Civil Rights Complaint Form, WIC-373 to the address above. See Forms Chapter for instructions.

- b. Mail a copy of the Civil Rights Complaint Form to:

WIC Program Director
Division of WIC and Community Nutrition Services
PO Box 2448, Room 132
Richmond, VA 23218

Civil Rights, Regional Director
USDA Mid-Atlantic Regional Office
Mercer Corporate Park
300 Corporate Blvd.
Robbinsville, NJ 08691-1598

- c. File a copy of the complaint form in the participant's record and send a copy to the health district office for the civil rights complaint file.
- d. District staff must document the receipt of civil rights complaints on the Civil Rights Log, WIC-374. See Forms Chapter for instructions.

Subject: Complaints Based on Religion

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: An applicant, participant or payee may file a complaint based on religion within 180 days of the alleged discriminatory action.

Procedure:

1. Instruct the applicant/participant/payee to contact the office below:

WIC Program Director
Division of WIC and Community Nutrition Services
PO Box 2448, Room 132
Richmond, VA 23218

Subject: Fair Hearings

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: Applicants, participants or payees must be informed of the right to a fair hearing during the initial certification visit and upon denial or termination of WIC benefits.

If an applicant is determined to be ineligible to participate in the Program, they must be notified in writing of the reason(s) for ineligibility and the right to a fair hearing.

Reference: CFR §246.9

Subject: Fair Hearing Request

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: A fair hearing must be requested within 60 days of the written notification date of Program denial or termination of benefits.

Participants who request a fair hearing within 15 days of the written notification date shall continue to receive WIC benefits until the hearing officer reaches a decision or the certification period expires, whichever comes first.

Applicants who are denied WIC benefits may appeal the denial but shall not receive benefits while awaiting the hearing decision.

A fair hearing must be held within 21 days of the request.

Reference: CFR §246.9

Procedure:

1. The Local Agency shall process a fair hearing request as follows:

a. Accept a fair hearing request verbally or in writing. Document a verbal request as follows:

_____ has requested a fair hearing regarding WIC Program benefits.
(Name)

(Local Agency Signature/Title)

(Date)

b. File the fair hearing request in the participant's record.

c. Immediately inform the State WIC Office that a fair hearing has been requested.

d. Contact the applicant/participant/payee and schedule a preliminary conference within 7 days of the fair hearing request. Inform the applicant/ participant/payee that a fair hearing will be conducted if the issue is not resolved at the preliminary conference.

- If the issue is resolved at the conference, the applicant, participant or payee must sign a statement indicating that a formal fair hearing is no longer requested.

➤ Document the following and mail a copy to the State WIC Office:

"I withdraw my request to the WIC Program for a fair hearing."

Signed: _____

Date: _____

Witnessed: _____

(Local Agency Signature/Title)

Subject: Fair Hearing Request

- Notify the State WIC Office that the issue has been resolved.
 - File the documentation in the participant's record.
 - If the issue is not resolved at the conference, contact the State WIC Office to schedule a fair hearing.
2. The Local Agency shall collect any information related to the hearing and mail it to the State WIC Office.
 3. The State WIC Office shall notify the hearing official.
 4. The State WIC Office will provide 10 days advanced written notice of the date, time and place of the hearing which shall be convenient to the applicant, participant or payee.
 5. The hearing officer will hear evidence and testimony and reach a decision. The hearing officer shall notify the applicant/participant/payee, the State WIC Program Director, and the District Health Director of the decision in writing within 45 days of the date of the fair hearing request.
 - a. Applicants denied benefits may be enrolled upon receipt of a favorable decision.
 - b. Participants whose benefits were previously denied or discontinued may receive or reapply for WIC benefits upon receipt of a favorable decision by the hearing officer.
 - c. If the decision is unfavorable, the applicant/participant/payee will be advised of any state-level review or rehearing process.
 6. The Local Agency and State WIC Office shall keep the results of the hearing on file for a period of 5 years.

Subject: Denial of Fair Hearing Request

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: A hearing shall be denied if the request is not received within 60 days of the written notification date.

An applicant, participant or payee who fails, without good cause, to appear at the scheduled hearing or has withdrawn the fair hearing request in writing, shall not be granted a hearing date.

If WIC benefits were denied at a previous hearing and evidence cannot be provided to justify a new hearing, a request shall be denied.

Reference: CFR §246.9

Subject: Program Complaints

Effective Date: August 1, 2002

Revised from: July 1, 2001

Policy: A participant, payee or Local Agency staff member has the right to file a complaint against an authorized store, Local Agency or another participant.

Reference: CFR §246.12

Procedure:

1. To file a complaint, complete and mail the Complaint Form, WIC-345 to the State WIC Office for investigation. See Forms Chapter for instructions.

Subject: Check Usage

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Payees must receive instructions on how to use WIC checks and shop for WIC foods. The primary method of providing such instructions is through the Client Handbook.

Procedure:

6. Issue Client Handbook and WIC checks. Inform the payee of the following:
 - f. They are responsible for personally following all program rules and assuring that their proxy(ies) do the same.
 - g. They should read the Client Handbook to become familiar with all program rules and keep it for future reference.
 - h. They are expected to attend nutrition education and/or shop for WIC foods.
 - i. Checks cannot be redeemed before the “first date to spend” or after the “last date to spend.”
 - j. Checks cannot be altered (i.e., dates, food package) by anyone.
7. Use the WIC Approved Food List to briefly explain how to shop for WIC foods. Again, refer them to their Client Handbook. Review the following:

- d. WIC authorized stores that display the green decal or a sign near the entrance stating that WIC checks are accepted.
- e. They must buy WIC approved foods in amounts that do not exceed the quantities specified on the check.
 - All formula must be purchased.
 - Participants may use coupons to reduce the price of WIC foods.
 - Buy one, get one free coupons can be used with WIC checks but payee is responsible for any tax liability of the free product.
- f. They must not return or exchange any WIC foods or formula for cash or credit.

Subject: Check Usage

8. Briefly review store checkout procedures:
 - e. They must notify that cashier that WIC checks will be used and separate WIC foods from other foods they are buying. If they are using more than one check, they must separate foods by the foods listed on each check.
 - f. They must show the ID Folder and give checks to the cashier at the beginning of the checkout process.
 - g. They must sign the check in ink, after the correct dollar amount is entered by the store cashier.
 - h. No sales tax should be charged on WIC purchases and store cashier should provide a receipt for the WIC purchases.
9. Inform the payee/proxy to report store fraud or abuse to the Local Agency.
10. Again, refer them to client Handbook for more information.

Subject: Proxy

**Effective Date: February 3, 2003
2002**

Revised from: November 15,

Policy: A participant/payee/parent/guardian/caretaker may designate up to two (2) proxies to attend nutrition education and to obtain or redeem checks. The Local Agency will approve the proxy only if the Local Agency determines the proxy will share the nutrition education and health care referrals to the participant. The participant and proxy should (but are not required) to be present together when the participant designates the proxy.

Reference: CFR §246.7 and 246.7(2)(p)

Procedure:

Inform the Participant:

9. The right to designate up to two (2) proxies at each (re)certification visit.

10. That the participant is responsible for all actions of the proxy, including actions that would terminate her/him from the program.
11. That the State agency will establish a claim against the participant for the full value of program benefits which have been improperly obtained or disposed by the proxy.
12. That the proxy must share all the nutrition education and health care referrals with the participant.

To designate a proxy, the following steps must be completed:

5. Verify that the proxy is over 18 years of age. Proxies under the age of 18 may be approved at the discretion of the CPA.

6. Complete the Proxy Form(WIC-314) and explain the following information from the form:

- g. Inform the proxy that s/he may be a proxy for a maximum of (3) three families.
- h. Inform the proxy that s/he is responsible for sharing all received nutrition education, and/or other health related and public assistance program information received from WIC with the participant.
- i. Inform the proxy that s/he is responsible for following check usage procedures and failure to do so will be considered Program abuse.
- j. Inform the proxy that s/he has the right to complain about improper vendor and/or agency practices.

Subject: Proxy

- k. Inform proxy that s/he is required to pick up food instrument in person when scheduled for nutrition education, unless the alternative issuance system is appropriate.
 - l. Inform the proxy that proxy identification will be checked prior to any services being provided.
7. Reviews check usage procedures with the proxy and provide a Client Handbook to the proxy.
8. The participant, proxy and Local Agency staff person must sign the proxy form (WIC-314).
- a. A signed letter from the participant may only be used to designate a proxy in hardship cases dealing with disability and the signed letter may be used only if it contains all pertinent data.
 - c. If a letter is used, the Local Agency must complete and sign the form and obtain the proxy's signature. Staple the letter to the form to be inserted into the participant's record. Compare the participant signature on the letter to the participant signature on file.
13. Use the State WIC Office's approved rubber stamp next to the proxy's signature on the ID Folder after explaining check usage procedures.
14. File the Proxy Form in the participant's record.
- b. If the proxy is serving for more than one participant, file a copy of the proxy form in each participant's record. An individual cannot serve as proxy for more than three families.
15. A proxy may be changed as necessary. For a proxy change, the payee and new proxy must return to the Local Agency to complete the Proxy Form and sign a new ID Folder.
16. Infants and children may be added without re-designating the proxy by updating the current Proxy Form.

POLICY: PRR: 03.0

Subject: Confidentiality

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: The WIC Program is not required to share information about participants with other agencies or Programs. Do not release any information without the applicant/participant/payee's prior written consent.

Reference: CFR §246.21

Procedure:

4. Provide privacy to all applicant/participant/payees when determining Program eligibility and during nutrition counseling.
5. When a grocery store contacts a Local Agency and requests participant information, i.e., address, telephone number, etc. this information should not be provided. The store making this inquiry should be directed to call their assigned WIC Program Representative for guidance on this matter.
6. Local Agencies must ensure that individual confidentiality is maintained if WIC Program information is released to the public or other agencies.
 - c. Written consent from participants must be obtained before other agencies/organizations are allowed to contact participants or receive any information about the participants.
 - d. When WIC data is requested, remove all identifiers such as, name, address and agency site.

POLICY: PRR: 04.1

Subject: Civil Rights: Public Notification

Effective Date: October 1, 2002

Revised from: May 15, 2002

Policy: Local Agencies must inform all applicants, participants or payees of their civil rights associated with applying for and receiving WIC benefits.

Reference: CFR §246.8

Procedure:

5. At each certification visit, inform the applicant/participant/payee that they shall not be discriminated against for reasons of race, color, national origin, age, sex or disability.
6. Display in a public area the poster "And Justice for All," labeled AD-475-C (Revised 12-99). See Publication Order Form, WIC-337.
7. Include the following nondiscrimination statement on any materials developed which provide information about the WIC Program:

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age and disability. (Not all prohibited bases apply to all programs)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

b. The nondiscrimination statement is not required on materials which contain no information on the WIC Program.

8. When the WIC Program is publicized, include the following nondiscrimination statement:

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age and disability. (Not all prohibited bases apply to all programs)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

b. When space prohibits the use of the above lengthy statement, the following minimal statement may be used:

“This institution is an equal opportunity provider.”

POLICY: PRR: 04.2

Subject: Civil Rights Complaints

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: An applicant, participant or payee may file a civil rights complaint based on race, color, national origin, age, sex or disability within 180 days of the alleged discriminatory action.

Reference: CFR §246.8

Procedure:

3. Inform the applicant, participant or payee that a civil rights complaint may be filed by writing to:

The Secretary of Agriculture

Washington, DC, 20250

4. If the applicant, participant or payee requests or requires assistance in filing a civil rights complaint, the Local Agency must:

e. Immediately complete and mail the Civil Rights Complaint Form, WIC-373 to the address above. See Forms Chapter for instructions.

f. Mail a copy of the Civil Rights Complaint Form to:

WIC Program Director
Division of WIC and Community Nutrition Services
PO Box 2448, Room 132
Richmond, VA 23218

Civil Rights, Regional Director
USDA Mid-Atlantic Regional Office
Mercer Corporate Park
300 Corporate Blvd.
Robbinsville, NJ 08691-1598

- g. File a copy of the complaint form in the participant's record and send a copy to the health district office for the civil rights complaint file.
- h. District staff must document the receipt of civil rights complaints on the Civil Rights Log, WIC-374. See Forms Chapter for instructions.

POLICY: PRR: 04.3

Subject: Complaints Based on Religion

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: An applicant, participant or payee may file a complaint based on religion within 180 days of the alleged discriminatory action.

Procedure:

- 2. Instruct the applicant/participant/payee to contact the office below:

WIC Program Director
Division of WIC and Community Nutrition Services
PO Box 2448, Room 132
Richmond, VA 23218

POLICY: PRR: 06.0

Subject: Fair Hearings

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: Applicants, participants or payees must be informed of the right to a fair hearing during the initial certification visit and upon denial or termination of WIC benefits.

If an applicant is determined to be ineligible to participate in the Program, they must be notified in writing of the reason(s) for ineligibility and the right to a fair hearing.

Reference: CFR §246.9

POLICY: PRR: 06.1
(Page 1 of 2)

Subject: Fair Hearing Request

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: A fair hearing must be requested within 60 days of the written notification date of Program denial or termination of benefits.

Participants who request a fair hearing within 15 days of the written notification date shall continue to receive WIC benefits until the hearing officer reaches a decision or the certification period expires, whichever comes first.

Applicants who are denied WIC benefits may appeal the denial but shall not receive benefits while awaiting the hearing decision.

A fair hearing must be held within 21 days of the request.

Reference: CFR §246.9

Procedure:

7. The Local Agency shall process a fair hearing request as follows:

e. Accept a fair hearing request verbally or in writing. Document a verbal request as follows:

_____ has requested a fair hearing regarding WIC Program benefits.
(Name)

(Local Agency Signature/Title)

(Date)

f. File the fair hearing request in the participant's record.

g. Immediately inform the State WIC Office that a fair hearing has been requested.

h. Contact the applicant/participant/payee and schedule a preliminary conference within 7 days of the fair hearing request. Inform the applicant/ participant/payee that a fair hearing will be conducted if the issue is not resolved at the preliminary conference.

- If the issue is resolved at the conference, the applicant, participant or payee must sign a statement indicating that a formal fair hearing is no longer requested.

➤ Document the following and mail a copy to the State WIC Office:

“I withdraw my request to the WIC Program for a fair hearing.”

Signed: _____

Date: _____

Witnessed: _____

(Local Agency Signature/Title)

Subject: Fair Hearing Request

- Notify the State WIC Office that the issue has been resolved.
 - File the documentation in the participant's record.
 - If the issue is not resolved at the conference, contact the State WIC Office to schedule a fair hearing.
8. The Local Agency shall collect any information related to the hearing and mail it to the State WIC Office.
9. The State WIC Office shall notify the hearing official.
10. The State WIC Office will provide 10 days advanced written notice of the date, time and place of the hearing which shall be convenient to the applicant, participant or payee.
11. The hearing officer will hear evidence and testimony and reach a decision. The hearing officer shall notify the applicant/participant/payee, the State WIC Program Director, and the District Health Director of the decision in writing within 45 days of the date of the fair hearing request.
- d. Applicants denied benefits may be enrolled upon receipt of a favorable decision.
 - e. Participants whose benefits were previously denied or discontinued may receive or reapply for WIC benefits upon receipt of a favorable decision by the hearing officer.
 - f. If the decision is unfavorable, the applicant/participant/payee will be advised of any state-level review or rehearing process.
12. The Local Agency and State WIC Office shall keep the results of the hearing on file for a period of 5 years.

POLICY: PRR: 06.2

Subject: Denial of Fair Hearing Request

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: A hearing shall be denied if the request is not received within 60 days of the written notification date.

An applicant, participant or payee who fails, without good cause, to appear at the scheduled hearing or has withdrawn the fair hearing request in writing, shall not be granted a hearing date.

If WIC benefits were denied at a previous hearing and evidence cannot be provided to justify a new hearing, a request shall be denied.

Reference: CFR §246.9

POLICY: PRR: 07.0

Subject: Program Complaints

Effective Date: October 1, 2002

Revised from: July 1, 2001

Policy: A participant, payee or Local Agency staff member has the right to file a complaint against an authorized store, Local Agency or another participant.

Reference: CFR §246.12

Procedure:

2. To file a complaint, complete and mail the Complaint Form, WIC-345 to the State WIC Office for investigation. See Forms Chapter for instructions.

APPENDIX 1**Subject: Military Leave and Earnings Statement (LES) as Proof of Income**

Effective Date: October 1, 2002

Revised from: July 1, 2001

Use this table to determine which entitlements are counted as monthly income when the LES is presented as proof of financial eligibility for the WIC Program by a military family member:

INCLUDE AS INCOME	DO NOT INCLUDE
Base Pay/Basic Pay	BAH: Basic Allowance for Housing
BAS: Basic Allowance for Subsistence	
Clothing: Allowance for Uniforms *	
Reenlistment Bonus *	
Separate Rations or Comrats	
Leave Rations	
FSA: Family Separation Allowance	
CSP: Career Sea Pay	
Flight Deck Pay	
Hazardous Duty Pay	
Sea Premium Pay	
SPEC Duty Pay	

* Clothing and Reenlistment entitlements are given annually. Calculate annual pay without BAQ or VHA and the clothing allowance or reenlistment bonus. To determine the final annual income, add the allowance or bonus to the annual income. See example below.

Example:

ENTITLEMENTS	
Type	Amount
BASE PAY	1035.14
BAH	307.91
BAS	216.38
CLOTHING	190.8
TOTAL	1750.23

1251.52	- Monthly pay w/o BAH & clothing
<u>x 12</u>	
15018.24	- Annual pay
<u>+ 190.80</u>	- Annual clothing allowance
15209.04	- Annual Pay

The reenlistment bonus would be calculated in the same manner as this clothing allowance example.

APPENDIX 2

Subject: Medicaid Eligibility Guidelines

Effective Date: October 1, 2002

Revised from: July 1, 2001

Financial eligibility for pregnant women, infants and children (under age 6) is based on **133% of the Federal Poverty level**. Due to the numerous variables in determining Medicaid eligibility, applicants/participants must be referred to Social Services for financial eligibility.

Use the following chart as a guideline for possible Medicaid eligibility.

Number in Family	Medicaid Annual Income Limits
1	\$0 up to \$11,424
2	\$0 up to \$15,441
3	\$0 up to \$19,457
4	\$0 up to \$23,474
5	\$0 up to \$27,491
6	\$0 up to \$31,507
7	\$0 up to \$35,524
8	\$0 up to \$39,540
Each Add'l Person	\$0 up to \$4,016

Source: State Plan under Title XIX of the Social Security Act as provided by DMAS.

APPENDIX 3

(Page 1 of 2)

Subject: Regulations Governing Dietitians and Nutritionists

Effective Date: October 1, 2002

Revised from: July 1, 2001

Code of Virginia – Dietitian and Nutritionist

§54.1-2731. Prohibited terms; penalty.

- A. No person shall hold himself out to be or advertise or permit to be advertised that such person is a dietitian or nutritionist unless such person:
1. Has (i) received a baccalaureate or higher degree in nutritional sciences, community nutrition, public health nutrition, food and nutrition, dietetics or human nutrition from a regionally accredited college or university and (ii) satisfactorily completed a program of supervised clinical experience approved by the Commission on Dietetic Registration of the American Dietetic Association;
 2. Has active registration through the Commission on Dietetic Registration of the American Dietetic Association;
 3. Has an active certificate of the Certification Board of Nutrition Specialists by the Board of Nutrition Specialists;
 4. Has an active accreditation by the Diplomas or Fellows of the American Board of Nutrition;
 5. Has a current license or certificate as a dietitian or nutritionist issued by another state; or
 6. Has the minimum requisite education, training and experience determined by the Board of Health Professions appropriate for such person to hold himself out to be, or advertise or allow himself to be advertised as, a dietitian or nutritionist.

The restrictions of this section apply to the use of the terms “dietitian” and “nutritionist” as used alone or in any combination with the terms “licensed,” “certified,” or “registered,” as those terms also imply a minimum level of education, training and competence.

- B. Any person who willfully violates the provisions of this section shall be guilty of a Class 3 misdemeanor.

Subject: Regulations Governing Dietitians and Nutritionists

**Board of Health Professions
Department of Health Professions**

**18 VAC 75-30-10: Regulations Governing
Dietitians and Nutritionists**

18 VAC 75-30-10 Requirements for use of title of dietitian or nutritionist.

- A. In addition to the criteria established in § 54.1-2731, a person may hold himself out to be a dietitian or nutritionist who has met the following requirements:
1. Has a baccalaureate degree with a major in foods and nutrition or dietetics or has equivalent hours of food and nutrition course work;
 2. Has two years of work experience in nutrition or dietetics concurrent with or subsequent to such degree; and
 3. Is employed by or under contract to a governmental agency.

APPENDIX 4

Subject: Guidelines for Issuing Powdered Formula for Breastfeeding Infants

Effective Date: October 1, 2002

Revised from: July 1, 2001

Use the following chart as a guide when issuing powdered formula to breastfeeding mothers in order to support breastfeeding and not give more formula than needed.

Note – One 12 oz. can powdered Good Start or Carnation Follow-Up provides 87.2 fluid oz.
One 14 oz. can powdered Alsoy or Carnation Follow-Up Soy provides 99.9 fluid oz.

Carnation Good Start or Follow-Up

Formula used daily	# 12 oz cans needed
Up to 4 ounces	1 can
5 to 7 ounces	2 cans
8 to 11 ounces	3 cans
12 to 16 ounces	4 cans
17 to 22 ounces	6 cans
23 to 28 ounces	8 cans
29 or more ounces	10 cans

The full formula package gives 29-oz. formula/day

Carnation Alsoy or Follow-Up Soy

Formula used daily	# 14 oz cans needed
Up to 5 ounces	1 can
6 to 9 ounces	2 cans
10 to 12 ounces	3 cans
13 to 19 ounces	4 cans
20 to 25 ounces	6 cans
26 to 29 ounces	8 cans
30 or more ounces	9 cans

The full formula package gives 30-oz. formula/day

APPENDIX 5

(Page 1 of 11)

Subject: Nutrition Services Evaluation Tool

Effective Date: October 1, 2002

Purpose: This tool was designed to measure the efficiency and effectiveness of local agency nutrition services to ensure quality services are provided and to guarantee the process of continual program improvement is preserved. State and local agency staff will use the tool to document program strengths and weaknesses and to record recommendations to improve services and stewardship of appropriated funds.

Clinic/HD Site: _____ **Review Date:** _____

Evaluator: _____

Evaluation Key:

A = Adequate

C = Commendable

NI = Needs Improvement

NO = Not Observed

Subject: Nutrition Services Evaluation Tool

Staffing					
	C	A	NI	NO	Comments
ST-1 CPAs meet the federal requirements to qualify as a CPA: <ul style="list-style-type: none"> Professional (RDs, Nutritionists) Paraprofessional (NA-CPA) 					
ST-2 Nutrition Assistants authorized as CPAs meet the continuing education requirements of 5 hours/year of nutrition training.					
ST-3 Nutritionists (non-RD) and nurses meet the continuing education requirement (including breastfeeding) of 10 hours/year of nutrition training.					
ST-4 Registered Dietitians meet the continuing education requirement as defined by the Commission on Dietetic Registration.					
ST-5 Staff has the literacy and language skills appropriate to address the needs of diverse participants when non-English speaking clients exceed 5% of the population or 1000 clients.					
ST-6 Lead Nutritionist assesses nutrition services staffing patterns and identifies the numbers and types of personnel needed to ensure quality care to meet federal and state policy. Last staffing review _____ # NA-non CPA (level 1) _____ # NA- CPA (level 2) _____ # Nutritionists (level 3) _____ # Registered Dietitians (level 4) _____					
ST-7 Lead Nutritionist uses appropriate strategies to recruit and retain nutrition staff. Strategies include: <ul style="list-style-type: none"> Provide WIC orientation to new staff Ensure continuing education/training opportunities are available to staff each year Involve staff with grant applications, nutrition services plan, special projects, or WIC OA grants Allow staff to participate in appropriate committees Allow staff to participate in the State Dietetic Internship 					
ST-8 Staff model appropriate health behaviors <ul style="list-style-type: none"> Display healthy foods in clinic area (i.e., fruit, vegetables, juice, water) Do not display other foods in clinic area (sodas, candy, potato chips, cookies, etc.) Do not smoke in view of clients 					
ST-9 Staff (levels 1-5) are used appropriately according to state policy.					

Subject: Nutrition Services Evaluation Tool

Nutrition Services Plan, Evaluation and Quality Assurance					
	C	A	NI	NO	Comments
NS-1 The Nutrition Services Plan (NSP) was developed with staff input: ___ Minimal ___ Moderate ___ Extensive					
NS-2 The NSP and progress updates were submitted on time and followed State guidelines.					
NS-3 The performance targets stated in the NSP were met: # of target _____ # of targets met _____					
NS-4 The NSP is integrated into other agency plans (MCH, CDP, Family Planning).					
NS-5 The NSP is shared with staff and other partners (e.g., public & private organizations).					
NS-6 Nutrition services are self-monitored, findings documented and corrective action plans implemented following federal and state policy.					
NS-7 Nutrition-related reports in WIC-Net are used to monitor client status, document outcomes and improve services.					
NS-8 Progress reports are shared with management and other interested parties (e.g., posted on local web site, included in the NSP etc.)					

Subject: Nutrition Services Evaluation Tool

Nutrition Assessment					
	C	A	NI	NO	Comments
NA-1 Conduct dietary and health assessment following policy. For example, staff uses food models, measuring cups and other aids to obtain a more accurate dietary assessment.					
NA-2 Staff receives annual blood work training provided by VDH Laboratory Quality Assurance.					
NA-3 Staff follow VDH laboratory guidelines for collecting and analyzing blood work					
NA-4 Perform blood work in compliance with federal WIC guidelines.					
NA-5 Follow criteria from "Equipment Manual" for selection and maintenance of equipment.					
NA-6 Height/length and weight are assessed at each certification period and are not more than 60 days old.					
NA-7 Follow anthropometric assessment methods based on CDC guidelines.					
NA-8 NA Communicate the following assessment information to the participant: <ul style="list-style-type: none"> • Dietary findings • Nutritional risk findings • Anthropometric findings • Blood work findings 					

Subject: Nutrition Services Evaluation Tool

Nutrition Education					
	C	A	NI	NO	Comments
NE-1 Offer and document <u>minimum</u> number of education contacts per certification period (e.g., 2 per certification period or 4 for infants certified under 5 months)					
NE-2 Offer nutrition education using a variety of methods					
<p>NE-3 Nutrition education embraces the following principles: Key: I=individual G=group M=multimedia V=video</p> <p>Interactive</p> <ul style="list-style-type: none"> • Staff review past education and care plan, assess progress (I) • Staff ask questions and gather information on what client already knows (I, G, M, V) • Staff actively engage client in identifying important issues, creating solutions and setting realistic behavioral goals (I, G, M, V) <p>Flexible</p> <ul style="list-style-type: none"> • Staff tailor the education to the needs of the client (I, M) <p>Relevant</p> <ul style="list-style-type: none"> • Staff deliver messages in meaningful, creative, and appealing ways that engage the client and are easily incorporated into daily life (I, G, M, V) <p>Supportive Environment</p> <ul style="list-style-type: none"> • Environment is conducive to learning (I, G, M, V) <p>Trained Staff</p> <ul style="list-style-type: none"> • Staff use appropriate teaching aids and educational materials (I, G, V) • Visual aids/props are incorporated (I, G, V) <p>Culturally Supportive</p> <ul style="list-style-type: none"> • Staff consider client's nutritional needs/interests, household situation and cultural & religious values/preferences, literacy level and language spoken (I, G, M, V) <p>Targeted Concept</p> <ul style="list-style-type: none"> • Staff limit education to 2-3 primary points most relevant to the client (I, G, M, V) <p>Community Based</p> <ul style="list-style-type: none"> • Staff incorporates community/ national nutrition messages into education (5 a Day, Folic Acid, Healthy Weight, etc.) (I, G, M, V) • Staff incorporates lifelong positive messages 					

using <i>Nutrition and Your Health: Dietary Guidelines for Americans, Healthy People 2010</i> , Bright Futures: Nutrition and Physical Activity (I, G, M, V)					
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Subject: Nutrition Services Evaluation Tool

Nutrition Education (Cont.)					
	C	A	NI	NO	Comments
NE-4 Staff offer and document appropriate referrals					
NE-5 A care plan is developed and documented for all clients.					
NE-6 High-risk participants are referred and seen by a Nutritionist or RD within 60 days of the initial contact.					
NE-7 Exit counseling is provided to all clients/caregivers before categorical eligibility ends.					
NE-8 Nutrition education material is state- approved					
NE-9 Staff implement strategies to reduce participant no-show rates for nutrition education contacts					
NE-10 Services revolve around nutrition education, not food benefits					

Subject: Nutrition Services Evaluation Tool

Breastfeeding Promotion & Support					
	C	A	NI	NO	Comments
BF-1 District breastfeeding coordinator is designated and meets qualifications.					
BF-2 Staff receives annual training in breastfeeding promotion and support. <ul style="list-style-type: none"> District breastfeeding coordinator -8 hrs minimum WIC staff (including peer counselors) - 5 hrs minimum 					
BF-3 Breastfeeding friendly principles are demonstrated by staff: <ul style="list-style-type: none"> Assess clients' knowledge, concerns and attitudes related to breastfeeding Refer interested clients for breastfeeding support Educate clients on situations when breastfeeding is contraindicated Include family/support system in breastfeeding education whenever possible Use of supplemental formula to breastfed infants is kept to a minimum Only provides formula per mother's request Gives mother information on potential impact if supplemented Issues powdered formula 					
BF-5 Peer counselors provide accurate and useful information that addresses client's concerns.					
BF- 6 Breastfeeding support is coordinated through other health care programs, hospitals, employers and community partners.					

Subject: Nutrition Services Evaluation Tool

Program Coordination & Participant Referrals					
	C	A	NI	NO	Comments
CO-1 Coordinate nutrition services with other community programs and agencies (e.g., MCH, Head Start, Risk Reduction Projects, Maternity/Pediatric clinics).					
CO-2 Staff participates on state and community task teams/coalitions during the 2 year monitoring cycle.					
CO-3 Provide written information on the Medicaid Program to clients.					
CO-4 Provide list of local resources for drug and substance abuse counseling and treatment to clients.					
CO-5 Provide referral to food assistance programs, such as food stamps, food pantries, soup kitchens etc., to clients, if needed.					
CO-6 Provide referrals to other medical and social service programs (e.g., FAMIS, TANF, EFNEP, EPSDT, Family Planning, Immunizations, Head Start etc.), to client, if appropriate.					
CO-7 Client is assessed for lead screening and referred if appropriate.					
CO-8 System to facilitate internal and external referrals is established for: <ul style="list-style-type: none"> • Community agencies/programs • Medical providers • Medical nutrition therapy providers • Nutritionists • Health department services 					
CO-9 Referrals are documented.					
CO-10 Follow-up on previous referrals made.					

Subject: Nutrition Services Evaluation Tool

Food Prescription					
	C	A	NI	NO	Comments
FP-1 Prescribe food packages that address client's category, age, nutritional needs and cultural/religious preferences.					
FP-2 Incorporate food prescription into education provided.					
FP-3 Documentation is present in record for special formulas requested by physician (WIC 395).					
FP-4 Documentation of medical reason is present in record for additional special formula prescribed for women or children					
Customer Focus					
CF-1 Staff is friendly and courteous to clients. <ul style="list-style-type: none"> • Smile and greet in friendly manner • "Client is right" attitude • Speaks to clients in positive manner 					
CF-2 Services provided in a caring and professional manner. <ul style="list-style-type: none"> • Staff introduce themselves • Problems are resolved with few customer complaints 					
CF-3 Staff solicits regular feedback from clients on environment, interests and delivery of nutrition services. For example, conducts participant annual survey, exit interviews and focus groups to elicit participants' feedback.					
CF-4 Nutrition education materials and education are available for non-English speaking clients that make up 5% of the population or 1000 clients. For example, translators, Language Line, posters, handouts, videos, reading material, etc. are available for a variety of cultures.					
CF-5 Clinic hours meet the needs of clients: <ul style="list-style-type: none"> • Extended evening hours or Saturday clinic available • Nutrition services are offered throughout the day, including lunch • Appointments scheduled for working clients 					

Subject: Nutrition Services Evaluation Tool

Environment					
	C	A	NI	NO	Comments
EN-1 Environment is safe & clean. <ul style="list-style-type: none"> Items such as glass, lancets, equipment, etc. out of reach of children Clinic and waiting areas visibly clean (floor, walls, furniture) 					
EN-2 Adequate space for serving clients. <ul style="list-style-type: none"> Distance between interviewer and client is 3-5' No physical barriers between interviewer and client 					
EN-3 Offers privacy for confidential conversations, such as counseling. (enclosed offices with doors)					
EN-4 Promotes nutrition and health education for families in a positive manner that is conducive to learning. <ul style="list-style-type: none"> Visual aids visible (food models, empty food boxes, etc.) Posters promoting healthy messages Nutrition and health handouts are visibly on display Nutrition and health videos playing in waiting room Kiosks visible and easily accessible Toys/puzzles/coloring sheets with a nutrition/health theme are available and visible for children to play Health/nutrition reading material available and visible in waiting rooms 					
EN-5 Medical and educational equipment is safe, operating properly and clean. <ul style="list-style-type: none"> Biohazard sharps container/bags are available and being used Kiosks, VCR/TVs, and aids used in nutrition education are clean and working properly 					
EN-6 Educational and promotional materials and displays promote breastfeeding as the preferred method (or as a positive message).					
EN-7 Formula materials, displays and logos are not visible. (includes cans, notepads, pens, etc with formula company ads).					
EN-8 Clinics are comfortable for women who breastfeed. <ul style="list-style-type: none"> Provide a designated space (other than a bathroom) for clients to go to breastfeed/express milk Provide a chair with arms 					
EN-9 Workplace policies are breastfeeding friendly. <ul style="list-style-type: none"> Staff is allowed reasonable (unpaid) break time to breastfeed/express Pumps are available for loan 					

Subject: Nutrition Services Evaluation Tool

Environment (Cont.)					
	C	A	NI	NO	Comments
EN-10 Vending machines contain healthy choices (low fat snacks, pretzels, 100% juices, water, fruits, etc.)					
EN-11 Environment is gender-sensitive Posters, handouts, videos, reading material, etc. appropriate for both male and female audiences.					
EN-12 Clinic has: <ul style="list-style-type: none">• Wheelchair accessibility• Handicap accessible restrooms					

APPENDIX 6

(Page 1 of 2)

Subject: Certificate of Records Disposal Form

INSTRUCTIONS FOR COMPLETING CERTIFICATE OF RECORDS DESTRUCTION (RM-3 FORM)

Before a state agency or locality can destroy its public records:

- A Records Officer for your organization must be designated and listed with the Library of Virginia (complete a *Responsibilities of State Agency and Local Government Records Officers* (RM-25 form)).
- The Records Officer must approve all records destructions documented on this RM-3 form. All elected constitutional officers are automatically records officers.
- A valid *Records Retention and Disposition Schedule* (General or Agency-Specific) must cover the records to be destroyed.
- Minimum time periods must have passed or the records must have been properly converted to another format, i.e., microfilm or digitized storage.
- All investigations, litigation and required audits must be completed.

NOTE: This form may be replicated on a computer or duplicated on a photocopier. The computer copy must look similar to this form, be in the same order, and contain the same information on one page.

Prepare a *Certificate of Records Destruction* (RM-3 form) each time your agency or locality wishes to destroy records.

- **For additional information on records destruction, refer to the *Virginia Public Records Management Manual*.**
- **Signatures must appear on each page that lists records to be destroyed.**

1. Enter the name of your agency or locality.
2. Enter the name of the division, department and/or section
3. Enter the name of the person completing the form (who is responsible for or familiar with the records).
4. Enter the address of the person completing the form.
5. Enter the telephone number of the person completing the form.
6. List records you wish to destroy:
 - a. Enter both the **retention schedule** and **series numbers** that apply to the records to be destroyed, e.g., GS-101 (schedule number), #001036 (records series number). ENTER ONLY ONE SERIES NUMBER PER LINE. (**Note:** Older schedules have records series numbers of only 1-3 digits. Newer schedules have unique six-digit records series numbers.)
 - b. Enter the **exact records series title** (name) of the records as listed on the approved retention schedule. You may add detail to this title, if it is important to identifying the records.
 - c. Enter the **date range of the records** to be destroyed, from oldest records to most recent. Indicate starting month/year and ending month/year (e.g., 7/86 - 6/92).
 - d. Enter the **location** where the records are stored (optional).
 - e. Enter the **total volume** or amount of records to be destroyed. Refer to the *Volume Equivalency Table* (available from the Records Management and Imaging Services Division) to convert boxes or drawers of **paper** or **microform** records to their cubic foot equivalents. If destroying **electronic** records, enter the approximate size of the files by megabyte, type of media containing data, or number of files.
 - f. Enter the method used to destroy the records, i.e., trash, shredding, recycling, landfill, burning, etc.
7. Enter the name of the agency or locality official authorizing destruction of the records-print, sign and date.
8. Enter the Records Officer's name and signature, along with the date.
9. Enter the name of the person who can certify the records were destroyed and the date they were destroyed.

Keep one **COPY** of the approved RM-3 on file pursuant to GS-19 for localities or GS-101 for state agencies. **Send the ORIGINAL to us for permanent retention.** The RM-3 documents that records were destroyed properly and in accordance with the *Virginia Public Records Act*. **Mail forms to:**

**Records Analysis Section
Records Management and Imaging Services Division
The Library of Virginia
800 E. Broad Street
Richmond, Virginia 23219-8000**

APPENDIX 6

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Records Management and Imaging Services Division
 800 East Broad Street, Richmond, VA 23219-8000
 (804) 692-3600

This form documents the destruction of public records in accordance with the *Virginia Public Records Act*, '42.1-86.1 of the *Code of Virginia*.

1) Agency / Locality		2) Division / Department / Section			
3) Person Completing Form		4) Address		5) Phone No.	
6) Records to Be Destroyed					
a) Schedule and Record Series No.	b) Records Series Title	c) Date Range (mo/yr)	d) Location	e) Volume	f) Method of Destruction

DESTRUCTION APPROVALS

Note: Public records may not be destroyed without receiving prior approval from your agency or locality Record Officer.

We certify that the records listed above have been retained for the scheduled retention period, required audits have been completed, and no pending or ongoing litigation or investigation involving these records is known to exist.

7) _____
 APPROVING OFFICIAL (PRINT NAME) SIGNATURE DATE

8) _____
 DESIGNATED RECORDS OFFICER (PRINT NAME) SIGNATURE DATE

9) RECORDS DESTROYED BY: _____
 NAME (PRINT OR SIGNATURE) DATE

APPENDIX 7

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Subject: State Monitoring Tool

Health District Monitoring of Nutrition Services
GENERAL NUTRITION EDUCATION

Clinic/HD Site: _____ Date: _____

Evaluator: _____

		COMMENTS
1. Is there a process improvement team that meets on a regular basis to discuss nutrition education issues?	15. Is nutrition education available to clients?	
2. Are WIC staff innovative? Do they use a variety of tools and methods to deliver nutrition education?		
3. Do they conduct special wellness/nutrition events?		
4. How do they motivate their clients?		
5. Do they coordinate nutrition services with other programs and agencies (e.g., MCH, Healthy Start, Risk Reduction Projects, Maternity/Pediatric clinics)?		
6. How are missed appointments handled?	NO	
7. Is the clinic environment clean? Does it offer privacy for confidential conversations?		
8. Is the clinic environment fun for children and adults?		
9. Is the clinic breastfeeding friendly?		
10. Is the importance of nutrition education emphasized and marketed to clients? Do clinic services evolve around nutrition education and not food benefits?		
11. Are WIC staff friendly and courteous to clients?		
12. Is the equipment in good working order (e.g., videos, TV, kiosks)?		
13. Do the clinic staff model appropriate food and exercise behaviors (food in clinic etc).		
14. Are the staff (Nutritionists, NA, OSS) used appropriately? How often and by what process are Nutrition Assistants who are CPA'd reviewed?		

APPENDIX 7

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NO

16. Has the health district met the goals and objectives stated in their annual Nutrition Services Plan? Was the Plan submitted on time, approved by the State WIC Office, used Participant Survey findings and updated annually?
17. What is the quality of nutrition education materials provided? Are they culturally sensitive, appropriate language, readable, attractive etc.?
18. Do they regularly survey clients for interests and barriers to service?
19. Do they utilize various methods to deliver nutrition education (e.g., bulletin boards, kiosks, web-base education, telephone etc)?
20. Staff are enthusiastic about nutrition education?
21. Staff regularly volunteer and actively participate on state task teams?
22. Staff regularly monitor nutritional status of clients and report progress to management staff and other interested agencies?
23. If non-English speaking participants make up 5% of the population or 1000 participants, what Program and educational materials are available?
24. Does the District use translators?
25. Is the AT&T Language Line used? What languages are translated?
26. Are Breastfeeding Peer Counselors performing duties according to DCDP/N guidelines?
27. Did nutrition staff members attend inservice education programs this year? List them.
28. Do district nutritionists provide inservices to other staff? List topics.
29. Is high-risk nutrition counseling available by an RD or Nutritionist?
30. Is the non-discrimination statement on all WIC publications?

COMMENTS

APPENDIX 7

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**Health District Monitoring of Nutrition Services
INTERVIEWING AND COUNSELING**

Clinic Site: _____ **Type of Clinic:** _____ **Date:** _____

Educator: _____ **Evaluator:** _____

		COMMENTS
1. Are qualifications of staff appropriate? If high-risk contact, is counseling provided by a Nutritionist (R.D. if therapeutic diet)?	NO	
2. Collect data with non-biased techniques?		
3. Assess client's knowledge level and interest and tailor nutrition education accordingly?		
4. Use appropriate interviewing techniques? <ul style="list-style-type: none"> • Introduced self • Explained purpose of interview • Asked open-ended questions • Actively listened • Involved the client • Addressed potential problems/barriers • Probed for additional information as needed 		
5. Provide too much, too little information?		
6. Use food models, bowls/cups and measuring cups and spoons to establish serving sizes?		
7. Ask additional information about usual intake of foods containing key nutrients, method of preparing infant formula, cooking equipment or storage facilities for clarification.		
8. Screen for all nutritional risks?		
9. Use weight gain grid or growth charts for educational purposes?		
10. Evaluate food frequency with participant?		
11. Relate nutrition education to nutrition risk factors?		
12. Prioritize and structure counseling to cover greatest nutritional need and/or client's interests?		
13. Address individual nutritional needs, socioeconomic status, food preferences and cultural values?		

APPENDIX 7

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		COMMENTS
14. Provide appropriate and accurate nutrition education?	NO	
15. Select appropriate food package?		
16. If basic contact, provide the following information is <ul style="list-style-type: none">• Purpose of the Program• participant's nutritional risks• if pregnant, the importance of breastfeeding• substance abuse dangers• WIC foods prescribed and nutrients provided• Medicaid, Food Stamps, AFDC and other social and medical services• Importance of regular check-ups and immunizations		
17. Incorporate WIC food list into counseling, including quantities and sizes?		
18. Use appropriate teaching aids and educational materials?		
19. Establish how often and by what method client should receive nutrition education.		
20. Follow-up on previous referral(s) made?		
21. Engage client in setting realistic behavioral goals?		
22. Make appropriate referrals to health, social and education services?		
23. Plan for appropriate follow-up services?		
24. Provide environment conducive to learning?		
25. Make appropriate documentation of assessment and counseling?		
26. Spend too much, too little or just about enough time with the client?		
27. Develop a nutrition care plan that meets minimum requirements for high-risk participants?		
28. Is medical data less than 60 days old?		
29. For pregnant women, do the records contain a prenatal weight gain grid? If so, is it accurately plotted?		
30. For infants and children, do the records contain a growth chart for infants and children? Is it accurately plotted?		

APPENDIX 7

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	NO	COMMENTS
31. Is the growth chart completed at least once each cert. period for infants and children; and at the infant mid-certification assessment?		
32. Are all appropriate nutrition risk factors (NRF) identified and documented?		
33. If risk code "R" is used, <ul style="list-style-type: none">• does the record contain a dietary assessment (unless homeless or a migrant)?• Are dietary assessments collected, analyzed and documented?		
34. Is documentation in the record for NRF "U?"?		
35. Are high-risk participants referred to a Nutritionist or RD within 60 days of the Basic Contact?		
36. Was an individual nutrition care plan developed for the high-risk participant?		
37. Is the food package appropriate for age & category?		
38. Is documentation in the record for physician ordered special formula?		
39. Was participant referred for other services or to other programs?		
40. Are infants certified prior to 5 months of age scheduled for a mid-cert assessment?		
41. Are 2 education contacts per certification period documented (4 for infants certified under 6 months)?		

APPENDIX 7

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Health District Monitoring of Nutrition Services ANTHROPOMETRIC/BLOODWORK TECHNIQUES

Clinic Site: _____ Date: _____

Staff Member Evaluated: _____ Evaluator: _____

NO

ANTHROPOMETRICS: NO COMMENTS

1. Weighed on beam balance scale?
2. Scales are zeroed and balanced before weighing individual?
3. Infant, child or adult weighed accurately?
 - dry diaper
 - light clothing
 - without shoes
 - without top hair adornment
 - weighed to nearest ounce (adult nearest 1/4 pound)
4. Infant or recumbent child measured accurately?
 - measured on a standardized measuring board with non-movable headboard and a non-flexible footboard
 - 2 people measure length
 - both legs are grasped and straightened for measurements
 - length is measured to nearest 1/8 inch
5. Standing child or adult measured accurately?
 - measured using a wall-mounted steel or non-stretched tape with a flat headboard
 - heels slightly apart
 - back straight
 - heels, buttocks and shoulder blade touching wall
 - eyes straight ahead with arms at sides?
 - height is measured to nearest 1/8 inch
6. Length/height and weight are immediately recorded on appropriate NCHS Growth Chart or Prenatal Weight Gain Grid (MCH 224)?

BLOODWORK:

1. Correctly calibrates equipment and runs standards?
2. Correctly collects and analyzes blood sample?
3. Follows OSHA procedures?

COMMENTS

APPENDIX 7

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Health District Monitoring of Nutrition Services
GROUP EDUCATION

Clinic Site: _____ Date: _____

Educator/Title: _____ Evaluator: _____

Topic: _____

Number of Participants: _____ No-Show Rate: _____

	NO	COMMENTS
1. Was the topic appropriate?		
2. Were visual aids/props appropriate?		
3. Was the environment conducive to learning?		
4. Did the instructor actively involve the participants?		
5. Did the instructor give useful and easy-to-understand information (verbal and written) to the participants?		
6. Is lesson plan maintained in the clinic files?		
7. Are DCDP/N documentation requirements followed?		

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Health District Monitoring of Nutrition Services
BREASTFEEDING PEER COUNSELOR

Clinic Site: _____ Date: _____

Educator/Title: _____ Evaluator: _____

	NO	COMMENTS
1. Is the information provided accurate and appropriate? Is it conveyed so that breastfeeding is offered as optimal, not mandatory?		
2. Where was the peer counselor observed? a. Telephone contact b. Clinic setting c. Group class d. Other		
3. Is counselor sensitive to the needs of the participant?		
4. Is counselor responsive to the participant?		
5. Do participants seem to understand the information?		
6. Was there proper demonstration of breast-feeding equipment and techniques?		
7. Are there any clinic practices that are counter-productive to breastfeeding promotion? (Example: Inappropriate amounts of formula prescribed)		
8. List Breastfeeding Friendly Initiatives.		

APPENDIX 7

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WIC Program Monitoring Program Operations State Pre-Site Questionnaire

District: _____ Date: _____

Potential Eligibles: _____ Participation Assignment: _____

Current Participation: _____ Current Caseload: _____

District Staffing: _____

Nutritionists: _____ Nutritionist Assistant: _____ Clerical: _____

Staff/Participant Ratio: _____

No Show %: _____ Redemption Rate %: _____ Report Date: _____

Percentage of maternity patients admitted in first trimester: _____

APPENDIX 7

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WIC Program Monitoring Program Operations**District Pre-site Questionnaire**

District: _____ Date: _____

1. Name of District Breastfeeding Coordinator: _____

a. Number of pair peer counselors: _____

b. Number of volunteer peer counselors: _____

2. Circle the programs that the District coordinates referrals with:

Medicaid**TANF****Food Stamps****EFNEP****Other**

3. Does the District provide outreach materials to:

	Yes	No	N/A	Comments
Community Health Centers				
Hospitals/Clinics				
Social Services				
Head Start				
Migrants				
Homeless				
Community Organizations				
Religious Organizations				
HMOs				
Other (Specify):				

4. Describe other District outreach efforts: _____

5. Is there evidence of dual participation within the district? _____

a. If documented, what corrective action was taken? _____

6. Percentage of participants who have their WIC checks mailed on a monthly basis: _____

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7. List participants languages other than English:

<u>Language</u>	<u>Number of Participants</u>
_____	_____
_____	_____
_____	_____
_____	_____

8. Is there a current Memorandum of Agreement between the State and the District?

Date of most recent, signed Memorandum of Agreement: _____

9. Does the district have a civil rights manual and file containing the following documents?

Document	Yes	No	Comments
Civil Rights Log, WIC-374			
Civil Rights Complaint copies			
Civil Rights Training Log			

10. How many District WIC employees are also WIC participants?

11. Does the District have a plan to follow in an emergency situation?

12. Has staff been trained and updated periodically in emergency procedures?

13. Does the District retain WIC records in accordance with federal guidelines?

14. Are Program applicants and participants provided the opportunity to register to vote or change their voter registration?

15. Are staff (nutritionists, nutritionist assistants, clerical) utilized according to their particular skills?

16. Does the District perform self-monitoring?

17. Date of previous review:

a. Briefly identify previous problems and corrective actions taken.

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WIC Program Monitoring Program Operations**Local Agency Pre-site Questionnaire**

Clinic Site: _____ Date: _____

1. Provide the following information. Check (☐) if clinic is scheduled or walk-in:

	Scheduled	Walk-in	Clinic Hours	Check Pick-up Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

WIC-Only Clinic	Certs.	Recerts.	Comments
Average number of clients scheduled:			
Average number of clients served:			
Average appointment failure rate:			

2. If an applicant requests WIC benefits today, when is the next available appointment date?

Pregnant Woman: _____ **Infant:** _____
Breastfeeding Woman: _____ **Child:** _____
Postpartum Woman: _____

3. What procedures are followed if pregnant women and/or infants break or miss their appointment? _____

—

4. Are WIC services integrated into their clinics (Maternity, Child Health, etc.)? _____**5. Is WIC certification available at the first clinic visit? _____****6. Is WIC check pick-up available in all clinics? _____****7. How is this clinic site accessible to the following clients?**

Rural: _____
Employed: _____

Disabled:

Non-English

Speaking:

8. If this local agency has homeless clients living in a residential facility, does the facility meet all required conditions?

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WIC Program Monitoring Program Operations**Clinic Observation Checklist**

	Yes	No	N/A	Comments
• Does the clinic have a complete and current copy of the WIC Policy and Procedure Manual?				
• Are numbered WIC Policy Memorandums filed in the WIC Policy and Procedure Manual?				
• Is proof of income and identification obtained and documented <u>before</u> WIC certification and issuance of checks?				
• Are VOC cards properly issued?				
• Are VOC cards properly secured?				
• Is the VOC Card Report, WIC-342 completed?				
• Are VOC cards accepted according to procedures?				
• Are participants provided with WIC ID Folders and participant handbooks?				
• Is the “Drugs & Alcohol Can Hurt Your Baby” poster displayed? Where is it displayed?				
• Is all equipment for anthropometric measurements and biochemical analyses included in the DCDP/ N’S recommended equipment list?				
• Is written information provided on Medicaid, TANF, Food Stamps, other potential sources of food assistance, Child Support Services, & Substance Abuse Education?				
• Are materials provided legible and up-to-date?				
• Does clinic staff handle the waiting list according to procedure?				
• Check Inventory and Security:				
➤ When manual checks are received, is the Manual Check Log, WIC- 355 completed?				

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	Yes	No	N/A	Comments
➤ How often is check stock inventoried				
➤ Are manual check books numbered, used in consecutive order and properly logged out upon completion?				
➤ Where are manual check books secured?				
➤ Where are computer checks secured?				
➤ How are computer check registers secured?				
➤ Who has access to checks?				
• Check Preparation:				
➤ Are manual checks entered into the computer system in a timely manner?				
➤ Are manual checks and yellow copies legible?				
➤ Are there write-overs, written changes, additions or deletions on preprinted manual chks?				
➤ Are manual check dates correct?				
➤ Are checks issued consistent with food package on WIC-307?				
• Computer Check Registers:				
➤ Do all issued checks have an issuance date and payee signature?				
➤ Is check issuance to an authorized proxy noted in the signature section of the register?				
➤ Are voided checks documented correctly?				
• Prior to the initial issuance of checks, has the following been reviewed with the participant:				
➤ the WIC ID Folder: its purpose and requirement to present it at the store and the clinic?				
➤ how to use WIC checks including: which stores accept WIC, no tax on WIC sales, receipt requirements, no money exchanges hands, no substitutions/rainchecks, no obligation to purchase all food (except formula) and complaint procedures?				

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	Yes	No	N/A	Comments
➤ the availability and purpose of a proxy?				
➤ if formula checks are issued, has the payee been informed of proper procedures regarding formula changes?				
• Voiding Checks:				
➤ Are checks withheld and correctly voided due to late pick-up?				
➤ Are checks stamped with the proper void stamp #?				
➤ Are voided manual checks entered into the computer within the appropriate timeframes?				
➤ Are unissued computer checks voided and entered into the computer within the appropriate timeframes?				
➤ Are voided checks destroyed according to policy and procedure?				
➤ Are proper procedures followed for the reissuance of damaged, lost, or stolen checks?				
• Are persons informed of their right and the procedures to file a civil rights complaint?				
• Were all civil rights complaints received referred to the Secretary of Agriculture, USDA Regional Office, the State WIC Office and the District Office?				
• Is there equal access to the WIC Program and all services and facilities?				
• Is the "AND JUSTICE FOR ALL" poster prominently displayed in the clinic? Where is it displayed?				
• Are adult applicants, participants or the caretakers of infants and children provided with the opportunity to register to vote or change their registration when applying for WIC benefits?				

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	Yes	No	N/A	Comments
• Are vendor related complaints referred to the State WIC Office?				
• Have vendor complaints against participants been acted upon appropriately?				
• Are policy and procedures for Program abuse followed?				
• If Program abuse is documented, were appropriate sanctions issued?				
• Have requests for fair hearings been handled according to WIC policy and procedures?				
• Does any conflict of interest occur during the certification process or when ordering, reconciling or conducting inventories of WIC checks?				
• Is there a minimum of two staff members who determine WIC financial eligibility or certifies the participant, and the writing, issuance, ordering and inventory of checks?				
• Is there a list of employees who are or who have family members on WIC?				
• Is there any conflict of interest between WIC employees and authorized WIC vendors?				

COMMENTS:

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WIC Program Monitoring Program Operations**Participant Record Review**

Participant Name:				
Category:				
Family/Member Number:				
• Is financial eligibility documented and verified at each certification visit?				
• Has financial eligibility been properly calculated?				
• Is the income within WIC guidelines?				
• Was proof of identity documented at the initial certification visit?				
• Was the Standard Affidavit, WIC-383 used appropriately?				
• Is participation in other Programs (Medicaid, TANF (AFDC), and/ or Food Stamps) recorded?				
• Was the client certified within the appropriate time- frame or when eligible?				
• Is the client categorically eligible?				
• Is the WIC- 307 complete and signed by clerical staff and the CPA?				
• Is the Pt. Rights & Responsibilities, WIC- 310 complete, signed and in record?				
• Is the Proxy Form, WIC- 314 complete, signed and in record?				

COMMENTS:

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WIC Program Monitoring Program Operations**Closed Record Review**

Ineligible Applicants:				
• WIC-315 complete and signed.				
• Issued for verified reasons.				
Disqualified Participants:				
• WIC-315 complete and signed.				
• Issued for verified reasons.				
Terminated Participants:				
• Termination WIC-307 on file.				

COMMENTS:

APPENDIX 8

Subject: Formula Manufacturers

Effective Date: October 1, 2002

Revised from: July 1, 2001

Purpose: To use as a reference list when contacting manufacturers to obtain information

Nestlé USA, Inc.
800 North Brand Blvd.
Glendale, CA 91203
Phone: 818-549-6000

Nestlé Clinical Nutrition
3 Parkway North, Suite 500
P.O. Box 760

Deerfield, Illinois 60015-0760

Phone: 800-422-2752

Gerber Products Company
445 State Street
Fremont, Michigan 49413-0001

Phone: 800-4-GERBER

Mead Johnson Nutritional Group
2400 West Lloyd Expressway
Evansville, Indiana 47721-0001
Phone: 800-457-3550

Ross Products
625 Cleveland Avenue
Columbus, Ohio 43215
Phone: 800-551-5838/5840
(Ordering Credits)
800-227-5767
(Customer Relations)

Novartis Nutrition U.S.
Consumer & Products Support
445 State Street
Fremont, Michigan 49413
Phone: 800-333-3785, option 3

Scandipharm
22 Iverness Center Parkway Suite 310
Birmingham, Alabama 35242
Phone: 205-991-8085

Scientific Hospital Supplies, Inc.
P.O. Box 117
Gaithersburg, Maryland 20884-0117
Phone: 800-365-7354

Applied Nutrition Corporation
273 Franklin Road
Randolph, NJ 07869
Phone: 800-605-0410

GalaGen, Inc.
301 Carlson Parkway, Suite 301
Minnesota, MN 55305
Phone: 952-258-5500

Purpose: To assist with recording medical/health and nutrition information on the Medical and Health Screens in WIC Net.

Procedure:

1. WIC staff completes the height/length, weight and hgb/hct section at the top of the form.
2. The participant completes the questions on the form.
3. CPA reviews responses and asks additional questions to verify answers.
4. CPA enters verified responses on the Health Screen in WIC Net.
5. Discard form.

Issuance: At each certification visit.

Disposition: Discard after completing screens in WIC Net.

Breastfeeding or Postpartum Woman

Height _____ Weight _____ Hgb/Hct _____

Name: _____ Birthdate _____ Today's Date _____

Circle
Yes or No or fill in
the blank

Are you breastfeeding now?

No

Yes

If yes, how often do you breastfeed your baby? _____

If no, did you ever breastfeed?

No

Yes

If you did breastfeed but have stopped, how many weeks did you breastfeed your baby? _____

If you did breastfeed but have stopped, how many weeks old was your baby when you started feeding your baby milk or formula? _____

List the reasons you stopped breastfeeding? _____

Current History

Do you smoke now? Yes No

If yes, how many cigarettes do you smoke each day? _____

In the last 3 months of your pregnancy, did you smoke? Yes No

If yes, how many cigarettes did you smoke each day? _____

Does anyone else in your household smoke? Yes No

Do you drink beer, wine or liquor now? Yes No

If yes, how many drinks do you have each day? _____ How many days a week do you drink? _____

In the last 3 months of your pregnancy, did you drink beer, wine or liquor? Yes No

If yes, how many drinks did you have each day? _____ How many days a week did you drink? _____

Pregnancy History**During your last pregnancy did you:**

1. Lose your baby after your 4th month of pregnancy or in the baby's 1st month of life? Yes No
2. Give birth to your baby early, 3 or more weeks early? Yes No
3. Have a baby who weighed 5½ lbs. or less at birth? Yes No
4. Have a baby who weighed 9 lbs. or more at birth? Yes No

WIC Policy & Procedures Manual

- | | | |
|------------------------------------|-----|----|
| 5. Have a baby with birth defects? | Yes | No |
| 6. Have twins or triplets? | Yes | No |

Medical History**Has a doctor told you that you have:**

- | | | |
|--|-----|----|
| 7. Diabetes while pregnant? | Yes | No |
| 8. Lead poisoning | Yes | No |
| 9. Food allergies | Yes | No |
| 10. Lactose intolerance | Yes | No |
| 11. An eating disorder | Yes | No |
| 12. Depression | Yes | No |
| 13. Any medical conditions or problems | Yes | No |

If yes, please explain _____

- | | | |
|--|-----|----|
| 14. Have you been in the hospital recently (other than to deliver your baby) for surgery or anything else? | Yes | No |
|--|-----|----|

Lifestyle/Health Background

- | | | |
|---|-----|----|
| 15. Have you used marijuana, cocaine, heroin, or other street drugs? | Yes | No |
| 16. Do you eat large quantities of ice or eat clay, starch or other things that are not food? | Yes | No |
| 17. Do you have problems with your teeth or gums that cause you not to eat certain foods? | Yes | No |
| 18. Other than your prescribed prenatal vitamins or iron, do you take any vitamins, minerals, or herbs? | Yes | No |
| 19. If you are breastfeeding, are you having any problems? | Yes | No |
| 20. If you are breastfeeding, is your baby on WIC? | Yes | No |

WIC Staff: Please review questions 21 through 22 on the More Health History Screen.
--

Your Child's Health History WIC – 302C

Historia de la Salud de su Niño WIC – 302C-S

WIC Form-310 (Rev. 11/02)

Purpose: To assist with recording medical/health and nutrition information on the Medical and Health Screens in WIC Net.

Procedure:

1. WIC staff completes the height/length, weight and hgb/hct section at the top of the form.
2. The participant or parent/guardian completes the questions on the form.
3. CPA reviews responses and asks additional questions to verify answers.
4. CPA enters verified responses on the Health Screen in WIC Net.
5. Discard form.

Issuance: At each certification visit.

Disposition: Discard after completing screens in WIC Net.

WIC Policy & Procedures Manual
Your Child's Health History

Height _____ Weight _____ Hgb/Hct _____

Child's Name: _____ Birthdate _____ Today's Date _____

If your child is less than 2 years of age, what was his/her birth weight? _____ Birth length? _____

Circle
Yes or No or fill in
the blank

On what date did your child last receive a doctor's checkup or an immunization (shot)? _____

- | | | |
|--|-----|----|
| 1. Are you breastfeeding your child now? | Yes | No |
| 2. Does anyone in your household smoke? | Yes | No |

Medical History

- | | | |
|--|-----|----|
| 1. Has a doctor told you that your child is allergic to one or more foods? | Yes | No |
| 2. Has a doctor ever told you that your child has lead poisoning? | Yes | No |
| 3. Has a doctor told you that your child has lactose intolerance? | Yes | No |
| 4. Has a doctor told you that your child is depressed? | Yes | No |
| 5. Has a doctor told you that your child has any medical conditions or problems? | Yes | No |

If yes, please explain _____

- | | | |
|---|-----|----|
| 6. Has your child been in the hospital recently for surgery or anything else? | Yes | No |
|---|-----|----|

Lifestyle/Health Background

- | | | |
|--|-----|----|
| 7. Does your child drink from a baby bottle? | Yes | No |
| 8. Does your child have tooth decay or any problems with his teeth? | Yes | No |
| 9. Do you give your child any vitamins, minerals, or herbs other than prescribed by his doctor? | Yes | No |
| 10. Does your child eat large quantities of ice, or eat clay, starch or other things that are not food? | Yes | No |
| 11. Does your child drink more than 12 oz. or more of juice a day? | Yes | No |
| 12. If your child is 12-23 months old, does he drink non-fat or reduced fat milk as his primary milk source? | Yes | No |
| 13. If your child is 12-23 months old, does he eat or drink any of these every day: soft drinks, KoolAid, punch, fruit drinks, sweet tea, hot dogs, bacon, chips, cookies or cake? | Yes | No |
| 14. If your child is 1-3 years old, does he ever eat any of these: raisins, popcorn, hard candy, raw carrots, hotdogs, grapes or peanuts? | Yes | No |

WIC Policy & Procedures Manual

- | | | |
|--|-----|----|
| 15. Do you ever force your child to eat? | Yes | No |
| 16. Do you ever refuse to give your child healthy foods when he says he is hungry? | Yes | No |
| 17. Does your child eat less than 3 meals a day? | Yes | No |
| 18. Do you put your child's food into his mouth? | Yes | No |
| 19. Does your child eat baby food? | Yes | No |

WIC Staff: Please review questions 20 through 21 on the More Health History Screen.
--

Purpose: To assist with recording medical/health and nutrition information on the Medical and Health Screens in WIC Net.

Procedure:

1. WIC staff completes the height/length, weight and hgb/hct section at the top of the form.
2. The participant or parent/guardian completes the questions on the form.
3. CPA reviews responses and asks additional questions to verify answers.
4. CPA enters verified responses on the Health Screen in WIC Net.
5. Discard form.

Issuance: At each certification visit.

Disposition: Discard after completing screens in WIC Net.

WIC Policy & Procedures Manual
Your Baby's Health History

Height _____ Weight _____ Hgb/Hct _____

Baby's Name: _____ Birthdate _____ Today's Date _____

Baby's Birth Weight _____ Baby's Birth _____

Circle
Yes or No or fill in
the blank

Baby's Mother

Are you breastfeeding now? Yes No

If yes, how often do you breastfeed your baby? _____

If no, did you ever breastfeed? Yes No

If you did breastfeed but have stopped, how many weeks did you breastfeed your baby? _____

If you did breastfeed but have stopped, how many weeks old was your baby when you started feeding your baby milk or formula? _____

List the reasons you stopped breastfeeding? _____

Does anyone in your household smoke? Yes No

1. Were you on the WIC Program during your pregnancy? Yes No

2. If you are breastfeeding, are you on the WIC Program? Yes No

Medical History

3. Was your baby born early, 3 or more weeks early? Yes No

4. Has your baby been in the hospital recently for surgery or anything else? Yes No

5. Has a doctor ever told you that your baby has lead poisoning? Yes No

6. Has a doctor told you that your baby is allergic to any foods or formula? Yes No

7. Has a doctor told you that your baby has lactose intolerance? Yes No

8. Has a doctor told you that your baby has any medical conditions or problems? Yes No

If yes, please explain _____

Lifestyle/Health Background

9. Does your baby have tooth decay or any problems with his teeth? Yes No

10. Do you give your baby any vitamins, minerals, or herbs other than prescribed by his doctor? Yes No

WIC Staff: Please review questions 11 through 14 on the More Health History Screen.

Historia de Salud Durante su Embarazo WIC – 302P-S

Purpose: To assist with recording medical/health and nutrition information on the Medical and Health Screens in WIC Net.

Procedure:

1. WIC staff completes the height/length, weight and hgb/hct section at the top of the form.
2. The participant completes the questions on the form.
3. CPA reviews responses and asks additional questions to verify answers.
4. CPA enters verified responses on the Health Screen in WIC Net.
5. Discard form.

Issuance: At each certification visit.

Disposition: Discard after completing screens in WIC Net.

Pregnant Woman

Height _____ Weight _____ Hgb/Hct _____

Name: _____ Birthdate _____ Today's Date _____

Circle
Yes or No or fill
in the blank

Pregnancy

Where are you going for prenatal care? _____

What date did your prenatal care begin? _____

How many previous pregnancies have you had? _____

How many of your babies have been born alive? _____

Have you ever breastfed? Yes No

How do you feel about breastfeeding when this baby is born? _____

Do you smoke now? Yes No

If yes, how many cigarettes do you smoke each day? _____

3 months before your pregnancy, did you smoke? Yes No

If yes, how many cigarettes did you smoke each day? _____

Does anyone in your household smoke? Yes No

Do you drink beer, wine or liquor now? Yes No

If yes, how many drinks do you have each day? _____ How many days a week do you drink? _____

3 months before your pregnancy, did you drink beer, wine or liquor? Yes No

If yes, how many drinks did you have each day? _____ How many days a week did you drink? _____

Pregnancy History

For the pregnancy just before this current one, on what date did the pregnancy end? _____

Have you ever:1. Lost a baby after your 4th month of pregnancy or in the baby's 1st month of life? Yes No

2. Had a baby early, 3 or more weeks early? Yes No

3. Had a baby who weighed 5½ lbs. or less at birth? Yes No

4. Had a baby who weighed 9 lbs. or more at birth? Yes No

5. Had a baby with birth defects? Yes No

6. Are you pregnant with twins or triplets? Yes No

Medical History

Has a doctor ever told you that you have:

- | | | |
|---|-----|----|
| 7. Diabetes during any pregnancy | Yes | No |
| 8. Severe nausea and vomiting during this pregnancy | Yes | No |
| 9. Lead poisoning | Yes | No |
| 10. Food allergies | Yes | No |
| 11. Lactose intolerance | Yes | No |

Has a doctor ever told you that you have:

- | | | |
|--|-----|----|
| 12. An eating disorder | Yes | No |
| 13. Depression | Yes | No |
| 14. Any medical conditions or problems | Yes | No |

If yes, please explain _____

- | | | |
|--|-----|----|
| 15. Have you been in the hospital recently for surgery or anything else? | Yes | No |
|--|-----|----|

Lifestyle/Health Background

- | | | |
|---|-----|----|
| 16. Have you used marijuana, cocaine, heroin, or other street drugs during this pregnancy? | Yes | No |
| 17. Do you have problems with your teeth or gums that cause you not to eat certain foods? | Yes | No |
| 18. Do you eat large quantities of ice or eat clay, starch or other things that are not food? | Yes | No |
| 19. Other than your prescribed vitamins and iron, do you take vitamins, minerals, or herbs? | Yes | No |
| 20. Are you breastfeeding a baby or child now? | Yes | No |

WIC Staff: Please review questions 21 through 22 on the More Health History Screen.
--

Purpose: To record infant feeding information to assess nutrition adequacy and appropriateness.

Procedure:

Front side - Instruct parent/guardian to complete by checking (✓) boxes and filling in blanks.

Back side - Complete **only** if baby drinks or eats anything other than breastmilk, formula or water.

1. Instruct parent or guardian to

- check (✓) the boxes indicating the type of food eaten,
- mark **X** under the number of times a food is eaten daily,
- mark **X** for the baby's age when a food was first tried.

2. Signature/Title of CPA.

Assessment: CPA assesses the responses on both sides for eating appropriateness and adequacy.

Recommended Daily Servings - Infants (VDH/DPHN) is used to assess backside.

NOTE:

- **Milk, yogurt and cheese** is the Food Guide Pyramid title for this grouping and not a recommendation of the types of foods to offer.
- **Meats and other protein foods at 5-7 months - Pureed meat only** may be introduced at this time, e.g., infant has iron deficiency anemia.
- Responses which are assessed to be inadequate or inappropriate are circled. Use this information for tailoring nutrition education.

Documentation: On the Health Screen in WIC Net if there is a dietary risk. Answer **Yes** to Dietary Risk question and then select the type of risk.

Issuance: At initial certification and mid-certification visit.

Disposition: File in participant's record.

Retention: Five years. (Longer if necessary for audit or litigation resolution.)

What is Your Baby Eating?

Baby's Name _____ Date _____

What kinds of milk are you feeding your baby? (Check all kinds your baby drinks)

☐ breastmilk ☐ cow's milk: (Kind: ☐ whole, Vit D ☐ lowfat ☐ skim ☐ evaporated)

☐ formula ☐ goat's milk Other _____

If you feed your baby formula, what kind is it?

Name of formula _____ With iron? ☐ Yes ☐ No

If you feed your baby formula, check which type you use and tell us how you mix it.

☐ concentrate: _____ ounces of water mixed with 1 can (13 oz) of formula.

☐ powdered: _____ scoops of powder mixed with _____ ounces of water.

☐ ready to feed: Do you add water? ☐ Yes ☐ No

How often do you feed your baby?

Breastfeed: every _____ hours. How many minutes is total feeding? _____

Bottle feed: every _____ hours. How much does the baby drink each time? _____ ounces

Does your baby drink water? ☐ Yes ☐ No If yes, how many ounces every day? _____

What does your baby drink from? ☐ breast ☐ bottle ☐ cup

If your baby drinks from a bottle, do you add any of these to the bottle?

☐ cereal ☐ honey ☐ Karo syrup ☐ None of these

☐ sugar ☐ jello ☐ other _____

Do you lay your baby down with a bottle? ☐ Yes ☐ No

If yes, what is in the bottle? _____

Do you feed your baby any cereal or baby foods? ☐ Yes ☐ No

If yes, how? ☐ in bottle ☐ by infant feeder ☐ by spoon

Which of these does the baby's home have?

☐ stove ☐ refrigerator ☐ microwave ☐ well water ☐ public water

What concerns or questions do you have about feeding your baby?

STOP here if your baby drinks **only** breast milk, formula, or water

CONTINUE if your baby drinks or eats anything else **K**

Thank You

What is Your Baby Eating?

Mark "X" for each food usually eaten daily and when first tried

Food	How many times a day?				Age in months when first tried		
	0	1-2	3 +		0-4	5-7	8-12
Juice 3 infant 3 adult							
Fruits 3 baby food 3 table food							
Vegetables 3 baby food 3 table food							
Cereal 3 infant 3 adult							
Crackers, bread, or teething biscuits							
Noodles, rice, or potatoes							
Milk							
Cheese or yogurt							
Plain meats 3 baby food 3 table food							
Meats mixed with vegetables or noodles 3 baby food 3 table food							
Dried beans or peas							
Egg yolk							
Whole egg							
Peanut butter							
Hot dogs							
Home-made or canned soups							
Desserts 3 baby food 3 table food							
Ice cream or pudding							
Cake, cookies, or pie							
Kool aid, fruit punch, tea, or soft drinks							
Snack foods (potato chips, pretzels, others)							
Other foods (raisin, popcorn, candy)							

Signature/Title of CPA

What are You or Your Child Eating? WIC – 305WC

Purpose: To record and assess dietary information of applicants older than two years of age. It may be used for children between 1 and 2 years of age but only to identify inappropriate feeding practices, **not** inadequate diet. (see Nutrition Risk Policy)

Procedure:

1. Circle the applicant's category code in the shaded area at the top right corner of the table.

NOTE: Also circle "T" if the applicant is a teenager.

2. Instruct applicant, parent/guardian to complete both sides of forms by:

- writing name of applicant and date.
- marking **X** under the number of times the applicant eats each food weekly.
- marking **X** in boxes for type of drink or food (milk, yogurt, cheese, coffee, and sodas.)
- circling answers to questions on the bottom of both sides.

Assessment: CPA compares the total *weekly* servings marked with the **Recommended Daily/Weekly Servings - Children and Women** (VDH/DPHN). (**NOTE:** Columns for recommended "Daily/Weekly Servings" line up with Food Group columns on form.)

1. On the **Recommended Daily/Weekly Servings** table, the recommended number of **bread** and **meat** servings for **Pregnant/Breastfeeding** categories is separated by a slash **/**.

1. On the **"What are You or Your Child Eating"** form:

- Check for any missing or duplicating "X's", i.e., two X's in same row.
- Calculate the higher number when "X's" are marked in columns "3-4" or "5-6".
- Probe for more information when "7+" times are marked, e.g., "How many **times a week** do you eat _____?" **Document the exact number for this food/drink to the right of this box.**
- Record in the blank column to the right of each food grouping the total number of times those foods are eaten weekly.

Vitamin A and Vitamin C: Count number of times "Cantaloupe" is eaten for both Vit A and Vit C.

All fruits & vegetables: Also include the total servings for the **Vit A and C** groupings.

Breads, cereal, rice, pasta, Meats and other protein foods: It may be necessary to question the applicant/caretaker to obtain information on actual serving sizes, particularly when applicant's weight gain or weight for height is below or above the standard. These serving sizes may be noted in the space next to the food item and used to adjust the number of weekly servings eaten.

- Circle weekly totals that fall below the recommended number of servings.
- Write “+” for the “fluid” and “fat/sugar” groupings if the fluids or foods marked are inappropriate or excessive based on applicant category and anthropometric measurements. **Twenty-one (21) or more high fat/sugar servings a week** (3 a day) are considered excessive.
- Check (✓) **summary question responses** indicating inadequate, excessive, or inappropriate eating patterns. Use this information for tailoring nutrition education.
- Signature/Title of CPA.

Documentation: On the Health Screen in WIC Net if there is a dietary risk. Answer **Yes** to Dietary Risk question and then select the type of risk.

Issuance: At each certification visit.

Disposition: File in participant's record.

Retention: Five years. (Longer if necessary for audit or litigation resolution.)

What are You and Your Child Eating?

Name: _____ Date: _____

Food Mark "X" for the number of times eaten per week	Almost Never	Weekly					P I C
		1	2	3-4	5-6	7 +	
Carrots, mango, or watermelon							
Spinach, kale, chard, collards, or turnip greens							
Sweet potatoes or yams							
Tomato juice or V-8 juice							
Cantaloupe							
Orange, grapefruit or kiwi							
Orange juice, grapefruit juice, or pineapple juice							
Apple juice, grape juice, or juicy juice							
Broccoli or strawberries							
Apple, applesauce, banana, grapes, or other fruits							
Tomatoes or salsa							
Green peas, green beans, or corn							
Cabbage or coleslaw							
Potatoes (baked, boiled, mashed) or other vegetables							
French fries or fried potatoes							
Milk regular lowfat skim formula							
Yogurt regular lowfat nonfat							
Cheese regular lowfat fat-free							
Water							
Fruit drinks (Hi C, Kool Aid, Fruit Punch, others)							
Coffee or tea (hot or iced) regular caffeine-free							
Sodas regular sugar-free caffeine-free							

CIRCLE "YOU" OR "YOUR CHILD"**CIRCLE ANSWER**

How many times a day do (you or your child) eat fruit?

0 1 2 3 4

How many times a day do (you or your child) eat vegetables?

0 1 2 3 4

How many times a day do (you or your child) drink milk?

0 1 2 3 4 +

How much milk do (you or your child) drink each time?

4 oz 6 oz 8 oz 12 oz

Food Mark "X" for the number of times eaten per week	Almost Never	Weekly					P N B I C
		1	2	3-4	5-6	7 +	
Spaghetti or other noodles							
Rice or rice dishes							
Bread, toast, or crackers							
Hot or cold breakfast cereal or grits							
Pancake, waffle, or French toast							
Buns (hamburger or hot dog)							
Bagel or English muffin							
Biscuit or muffin							
Cornbread or tortillas							
Beef or deer meat (hamburger, roast or other)							
Chicken or turkey							
Pork (chops, roast, ham or ribs)							
Tuna or other fish							
Egg							
Pinto, navy, lentils, or other canned or baked beans							
Peanut butter							
Macaroni and cheese or pizza							
Hot dog, cold cuts (bologna or salami) or sausage							
Bacon or fatback							
Butter, margarine, or salad dressing							
Chips (potato, corn or other)							
Donuts or sweet rolls							
Cake, cookies, cupcakes or brownies							
Ice cream or pudding							
Chocolate candy or other candy							

CIRCLE "YOU" OR "YOUR CHILD"

CIRCLE ANSWER

Where do (you or your child) eat most meals?
other

home day care restaurant school work

How many times do (you or your child) eat everyday?

1 2 3 4 5 6

How are most meats cooked for (you or your child)? baked broiled fried grilled microwaved stir-fried

What concerns do you have about (you or your child's) eating? _____

Signature/Title CPA

Participant Rights and Responsibilities WIC – 310

Policy: At each certification (or recertification) visit, the participant, parent, guardian, or caretaker will be required to acknowledge an understanding of his/her rights and responsibilities, authorize release of information, and consent to anthropometric measurements and bloodwork. A Proxy cannot sign Form 310 on behalf of the participant or infant/child. Proof of the acknowledgement of understanding will be signing the Rights and Responsibility Form.

Reference: CFR §246.7

Procedure:

1. At the time of certification, each party will be required to read and sign WIC Form 310.
2. At each subsequent re-certification, the party must sign a new rights and responsibilities form.
3. At each subsequent infant or child re-certification, the party must sign the rights and responsibilities form on behalf of the infant or child before final eligibility determination or checks can be printed. The proxy cannot sign Form 310 for the infant or child. The proxy may bring the infant or child for the exam portion of recertification with signed medical consent. The parent/guardian/caretaker would have to come in to sign the WIC-310 prior to checks being issued.
4. Enter the party's name in the indicated space.
5. Give the form to the party to read. Ensure that applicants/participants understand their rights and responsibilities. Ensure that non-English and non-Spanish speaking, visually and/or hearing impaired applicants/participants understand their rights and responsibilities. If the party cannot read or does not understand English or Spanish, read and explain the form to her/him.
6. The party must sign and date the form on the signature line to indicate that s/he has read and understands the form.
 - An "X" signature is allowed for persons unable to sign their name. Local Agency staff must write "witnessed by" and their initials beside the "X."

~~3.~~

4.7. Give the Participant Handbook to the participant/parent/guardian/caretaker.

8. For subsequent certifications, the participant/payee must sign and date a new form.

Issuance: At certification.

Disposition: File white copy in the party's record and issue yellow copy to the party.

Retention: Five years. (Longer if necessary for audit or litigation resolution.)

WIC Policy & Procedures Manual
RIGHTS AND RESPONSIBILITIES

Participant Name: _____

Rights

- ☐ I have the right to be treated with respect and will treat WIC and store staff with respect.
- ☐ I have the right to make a complaint if I feel I have been treated unfairly.
- ☐ I have the right to disagree with WIC staff regarding my eligibility by asking for a fair hearing.

Responsibilities

- ☐ I am responsible for using my WIC checks correctly.
- ☐ I understand that all information that I give to WIC must be true and correct to the best of my knowledge.
- ☐ I understand it is a violation to receive WIC benefits from more than one clinic or district in Virginia or from another state at the same time.
- ☐ I am currently not receiving WIC benefits from another clinic, district or another state.
- ☐ I understand that I cannot receive dual benefits under another name.
- ☐ I understand that if I select a proxy, that I am responsible and will be sanctioned for all violations my proxy may commit. I will select my proxy with care.
- ☐ I understand that I will have to pay the program back in cash for any violations that I may commit personally or that my proxy may commit, and I will also pay for any fees or additional expenses incurred.

Consent

- ☐ I will allow height and weight measurements for myself and/or my child.
- ☐ I will allow a finger or toe/heel prick for a blood sample to check for iron for myself and/or my child.
- ☐ I understand that if any Virginia Department of Health employee is exposed to my blood or other bodily fluids, the Department has the right to test my blood for HIV or Hepatitis B or C exposure.

Release of Information

- ☐ I will allow WIC to share information about my child's health, my health, and/or my WIC participation with:
 - 1. Other health care providers,
 - 2. Other programs including but not limited to Virginia Department of Medical Assistance Services, Virginia Department of Social Services, and Virginia Mental Health Services to find out if I am eligible, and/or
 - 3. Other WIC clinics if I move.

Participant Handbook

- ☐ I have received my participant handbook and I understand that I am responsible for reading it.

I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, handicap, or sex. You may appeal any decision made by the Local Agency regarding your eligibility for the Program. The Local Agency will make health services and nutrition education available to you, and you are encouraged to participate in these services.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Signature of Staff making Income Eligibility Determination and Date

Print Name and Title

Signature of CPA making Nutritional Risk Determination and Date

Print Name and Title

Signature

Date

Print Name and Relationship to Participant

Signature

Date

Print Name and Relationship to Participant

White Copy – Local Agency
Yellow Copy – Participant

WIC Form-310 (Rev. 11/02)

Proxy Form WIC – 314

Purpose: To allow a designated alternate to receive nutrition education, pick-up and/or redeem WIC checks for a participant or payee.

WIC Form-391 (Rev. 07/02)

Procedure:

Complete the form as follows:

1. Print proxy's name.
2. State what assurances will be given by the proxy to share the Nutrition Education Information, referrals and all other pertinent information with the participant.
3. Obtain the signature of participant/payee, the family number and date of signature.
4. Enter participant's name(s) and family/member number(s).
5. Obtain the signature of proxy indicating acceptance of the terms and the date of signature.
6. The Local Agency staff must sign and date the form to verify the proxy is acceptable.

Issuance: When participant or payee requests a proxy or proxy change.

Disposition: File original in participant's record. Provide copy to proxy. If requested, provide a photocopy for the participant/payee.

Retention: Five years. (Longer if necessary for audit or litigation resolution.)

Proxy Form

I, _____, the participant, give permission for the following person to be my proxy in order to receive and to share nutrition education, pick-up and/or redeem my WIC checks. I understand that **I am responsible for all actions of the proxy on my behalf. I am responsible for assuring that s/he will follow all program rules. I understand that I will have to repay the program all losses incurred by my proxy breaking program rules and/or laws.**

Print Proxy Name

State how proxy will share nutrition education and health care referrals.

Your proxy must bring this form, your WIC ID Folder, and proof of his/her identification to the WIC Clinic. If you would like to change your proxy, you and your new proxy must return together to complete another form and WIC ID Folder.

Signature of Participant

Family Number

Date

Name of Participants Family/Member Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have Proxy read the following and sign:

- m. I, the undersigned, understand that I am responsible for following all program rules.
- n. I, the proxy, understand that I am responsible for sharing all received nutrition education, and/or other health related and public assistance program information received from WIC with the participant.
- o. I, the proxy, understand I am responsible for following check usage procedures and failure to do so will be considered Program abuse.
- p. I, the proxy, understand that I may be a proxy for a maximum of (3) three families.
- q. I, the proxy, understand that I have the right to complain about improper vendor and agency practices.
- r. I, the proxy, understand that I am required to pick up food instrument in person when scheduled for nutrition education, unless the alternative issuance system is appropriate.
- s. I, the proxy, understand that my identification will be checked prior to any services being provided.

Signature of Proxy

Date

Local Agency Signature

Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age and disability. (Not all prohibited bases apply to all programs)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

Purpose: Use to inform an applicant or participant why s/he is ineligible for WIC benefits at this time and his/her right to appeal the decision. Issuance of the WIC-315 is not required for telephone inquiries regarding eligibility.

Procedure:

Complete the form as follows:

1. Enter date the form is completed.
2. Enter applicant/participant's name.
3. Check the reason for ineligibility:
 - a. Categorically ineligible for WIC. Enter Category.
 - b. Categorically eligible for WIC but is in a category currently not being served. Enter category
 - c. Eligible but will be placed on a waiting list. Enter priority.
 - d. Family income is above the allowable amount.
 - e. Not a nutritional risk for his/her category.
 - f. Has asked to be taken off the Program.
 - g. Has not provided required information for certification.
 - h. Guilty of Program abuse at certification – ***use for applicants only.***
 - i. Does not live in the area served by the Local Agency. Inform applicant where s/he should apply for WIC.
4. Signature of person who determined ineligibility.
5. Enter Local Agency name.
6. Applicant/participant signs here. The form is still valid if s/he refuses to sign.

Issuance: As needed.

Disposition: Give original to applicant/participant. File copy in participant's record.

Retention: Five years. (Longer if necessary for audit or litigation resolution.)

Letter of Ineligibility

Date: _____

_____ is not eligible for WIC at this time because he or she:
(Applicant/Participant)

_____ is not in one of the groups served by the Program: _____

_____ is not in one of the groups currently being served by the Program: _____

_____ is in a group which has a waiting list: _____

_____ is not in one of the groups currently being served by the Program: ____ in economic unit
_____ family income

_____ is not at risk for nutrition problems.

_____ has asked to be taken off the Program.

_____ has not provided required information for certification.

_____ is guilty of Program abuse: _____

_____ does not live in the area served by the Local Agency.

If you do not agree with this decision, you may ask for a fair hearing. To get a hearing, contact your Local Agency. You have 60 days from the date on this letter to ask for a hearing. A copy of the WIC rules for a fair hearing is enclosed.

(Local Agency Signature)

(Local Agency)

(Applicant/Participant's Signature)

USDA prohibits discrimination in the administration of its programs.

White copy – Participant

Yellow copy – Local Agency

REQUESTED BY:	DATE:
TELEPHONE #	FAX #
ATTENTION TO:	TELEPHONE #
COMPANY NAME:	FAX #
STREET ADDRESS: (No P.O. Box address)	
CITY	STATE/ZIP
SPECIAL SHIPPING INSTRUCTIONS OR DUE DATE:	SEND COMPLETED FORM TO: MSS 110 VISTA CENTRE DRIVE FOREST, VA 24551 FAX: (434) 385-4996
	# sheets being faxed _____

HOW TO ORDER: Please complete the above section to let us know where to ship your order.

QTY	ITEM #	DESCRIPTION
BREASTFEEDING		
	BF-002	BREASTFEEDING BASICS CHECKLIST 100/PKG
	BF-003	WHY BREASTFEED YOUR BABY? 100/PKG
	BF-003-S	WHY BREASTFEED YOUR BABY? (SPANISH)100/PKG
	BF-004	BREASTFEEDING POSITION 100/PKG
	BF-006	BREASTFEEDING...A MOTHER'S GIFT (NORTH CAROLINA)
	BF-007	BASIC STEPS BRING SUCCESS
	BF-007-S	BASIC STEPS BRING SUCCESS (SPANISH)
	BF-008	PEER COUNSELOR TRAINING MANUAL
	BF-009	PEER COUNSELOR HANDBOOK
	BF-010	FOR DAD...ABOUT BREASTFEEDING 100/PKG
	BF-010-S	FOR DAD...ABOUT BREASTFEEDING (SPANISH) 100/PKG
	BF-011	MOM HELPING MOMS WIC PEER COUNSELORS MAKE BREASTFEEDING EASY 100/PKG
	BF-012	BREASTFEEDING IS BEST CALENDAR
	BF-013	BREASTFEEDING BUMPER STICKER
	BF-017	BREASTFEEDING "GETTING STARTED, IN 5 EASY STEPS"
	BF-018	BREASTFEEDING "GETTING STARTED" (SPANISH)
	BF-022	"GIVING YOU THE BEST THAT I'VE GOT BABY" VIDEO
	BF-024	BREASTFEEDING PADS
	BF-025	BREASTFEEDING AND RETURNING TO WORK

	BF-025-S	BREASTFEEDING AND RETURNING TO WORK (SPANISH)
	BF-028	WHY SHOULD I NURSE MY BABY
	BF-028-S	WHY SHOULD I NURSE MY BABY (SPANISH)
	BF-030	BREASTFEEDING LAW CARD
	BF-032	BREASTFEEDING BOOK MARK
	BF-034	NURTURE III VIDEOS
	BF-035	NURTURE III INSTRUCTION SHEETS
	BF-036	PAM WIGGINS, "BF: A MOTHER'S GIFT"
CHILD NUTRITION		
	CN-003	SNACKS TO PACK 50/PKG
	CN-004	KIDS ACTIVITY PYRAMID TABLET 50/PAD
	CN-004-S	KIDS ACTIVITY PYRAMID TABLET (SPANISH) 50/PAD
	CN-005	GO GLOW GROW FOOD FOR YOU
	CN-005-S	GO GLOW GROW FOOD FOR YOU (SPANISH)
	CN-007	HOW DO I KNOW IF MY CHILD IS OVERWEIGHT
	CN-007-S	HOW DO I KNOW IF MY CHILD IS OVERWEIGHT (SPANISH)
	CN-008	MEALS AND SNACKS THE HEALTHY WAY
	CN-008-S	MEALS AND SNACKS THE HEALTHY WAY (SPANISH)
	CN-009	PRESCHOOL PLAY (PHYSICAL ACTIVITY FOR YOUNG CHILDREN)
	CN-009-S	PRESCHOOL PLAY (SPANISH)
	CN-012	FUN WITH FRUITS AND VEGETABLES KIDS COOKBOOK
	CN-013	FRUITS & VEGETABLES – 5 A DAY COLORING BOOK (ENGLISH)
	CN-014	FRUITS & VEGETABLES – 5 A DAY COLORING BOOK (SPANISH)
	CN-023	CRAYONS
	ICCN-004	FEEDING YOUR 1 TO 5 YEAR OLD CHILD
	ICCN-007	I'M A HEALTHY KID BOOKLET
	GN-013	FOOD GUIDE PYRAMID FOR YOUNG CHILDREN
	MISC-025	ITS FUN TO PLAY EVERYDAY COLORING BOOK
	MISC-025-S	ITS FUN TO PLAY EVERYDAY COLORING BOOK (SPANISH)
	WIC-0007	SHOPPING LIST-FOOD GROUPS (PAD)
	WIC-0007-S	SHOPPING LIST -LISTA DE COMPRA (SPANISH)
	WIC-0008	MENU PLANNER (PAD)
	WIC-0008-S	PLAN DE MENUS (MENU PLANNER)
	WIC-34	THE LITTLE BOOK OF PARENTING
DIABETES		
	DIA-001	THE FIRST STEP IN DIABETES MEAL PLANNING 25/PKG
GENERAL NUTRITION		
	FOL-01	BEFORE YOU KNOW YOU'RE PREGNANT (FOLIC ACID BROCHURE)
	FOL-02	BEFORE YOU KNOW YOU'RE PREGNANT (FOLIC ACID POSTER)
	FOL-03	"READY NOT" (FOLIC ACID BROCHURE)
	GN-001	WHY EVERY WOMAN NEEDS FOLIC ACID 100/PKG
	GN-001-S	WHY EVERY WOMAN NEEDS FOLIC ACID (SPANISH) 100/PKG
	GN-002	GIVE ME FIVE A DAY ADD FRUITS/VEGGIES TO YOUR FAMILY'S DAY
	GN-003-S	GUIDE TO GOOD EATING (SPANISH) 100/PKG
	GN-004	WIC HEALTHY FAMILY COOKBOOK 25/PKG
	GN-005	YOUR GUIDE TO A LOW SALT DIET 100/PKG
	GN-006	FOOD SOURCES OF IRON 100/PKG
	GN-007	FOOD GUIDE PYRAMID 50/PKG
	GN-010	THE ACTIVITY PYRAMID 50/PKG
	GN-010-S	THE ACTIVITY PYRAMID (SPANISH) 50/PKG

	GN-011	SOUL FOOD PYRAMID 200/PKG
	MISC-012	THINKING ABOUT CALCIUM 100/PKG
	MISC-057-C	THE SHAPE OF GOOD EATING (CHINESE)
	MISC-057-JP	THE SHAPE OF GOOD EATING (JAPANESE)
	MISC-057-KR	THE SHAPE OF GOOD EATING (KOREAN)
	MISC-057-PH	THE SHAPE OF GOOD EATING (PHILIPINO)
	MISC-057-VT	THE SHAPE OF GOOD EATING (VIETNAMESE)
HIGH RISK NUTRITION		
	NUTR-002	HIGH RISK PRENATAL NUTRITION ASSESSMENT RECORD 25/PKG
	NUTR-003	FOLLOW-UP HIGH RISK PRENATAL RECORD 25/PKG
INFANT NUTRITION		
	BC-003	A HEALTHY BEGINNING FOR YOUR BABY CARD
	ICCN-005	TIPS FOR WEANING YOUR BABY 100/PKG
	ICCN-008	NEW MOM TIPS 50/PKG
	ICCN-010	WAY TO GROW (GROWTH CHART)
	ICCN-010-S	WAY TO GROW (GROWTH CHART-SPANISH)
	ICCN-020	HELP ME BE HEALTHY 0-6 MONTHS
	ICCN-020-S	HELP ME BE HEALTHY 0-6 MONTHS (SPANISH)
	ICCN-021	HELP ME BE HEALTHY 6-12 MONTHS
	ICCN-021S	HELP ME BE HEALTHY 6-12 MONTHS (SPANISH)
	ICN-001	BOTTLEFEEDING YOUR BABY (ENGLISH/SPANISH) 100/PKG
	ICN-002	CRYING/COLIC (ENGLISH/SPANISH) 100/PKG
	ICN-004	A HEALTHY MOUTH FOR YOUR BABY 50/PKG
	ICN-004-S	A HEALTHY MOUTH FOR YOUR BABY (SPANISH) 50/PKG
	MISC-022	TODDLER CUP
POSTERS		
	MISC-020	FOOD GUIDE PYRAMID POSTER
	POST-001	BREASTFED IS BEST FED POSTER
	POST-002	"AND JUSTICE FOR ALL" POSTER
	POST-003	DRUGS & ALCOHOL CAN HURT YOUR UNBORN BABY POSTER
	POST-003-S	DRUGS & ALCOHOL CAN HURT YOUR UNBORN BABY POSTER (SPANISH)
	POST-004	BABY'S FIRST STEP TO HEALTHY TEETH POSTER
	POST-005	ARE YOU PREGNANT? OUTREACH POSTER
	POST-006	ENCOURAGEMENT MAKES BREASTFEEDING WORK POSTER
	POST-007	BREASTFEEDING: BABY'S FIRST IMMUNIZATION
	MISC-117	FOR YOUR HEALTH "LEAD" BE A LEAD DETECTIVE-NEWSLETTER
	WIC-32	LEAD IS A POISON (POSTER)
	WIC-33	"IS YOUR CHILD" (LEAD QUESTION PADS FOR WIC 32 POSTER)

PRENATAL/POSTPARTUM		
	GRID-01	PRENATAL WEIGHT GAIN GRID
	PRENA-003	EATING FOR TWO 50/PKG
	PRENA-003-S	EATING FOR TWO (SPANISH) 50/PKG
	PRENA-005	HEALTHY FOODS, HEALTHY BABY 25/PKG
	PRENA-005-S	HEALTHY FOODS, HEALTHY BABY (SPANISH) 25/PKG
	PRENA-008	DON'T SMOKE, NO FUME (ENGLISH/SPANISH) 50/PKG
	WIC-0001	AFTER YOU DELIVER HEALTH TIPS FOR MOM
	WIC-36	PREGNANCY GESTATION WHEEL
WIC PROGRAM		
	MISC-001	PLASTIC SLEEVES 100/PKG
	MISC-002	NUTRITION EDUCATION CLASS POSTCARD 100/PKG
	MISC-003	CHECK PICK-UP REMINDER CARD 100/PKG
	MISC-006	WIC FORMULA GUIDELINES
	MISC-006-S	WIC FORMULA GUIDELINES (SPANISH)
	MISC-008	TELL A FRIEND BUSINESS CARDS 750/PKG
	MISC-008-S	TELL A FRIEND BUSINESS CARDS (SPANISH) 750/PKG
	MISC-28	WIC MAGNET W/TOLL FREE NUMBER
	MISC-29	WIC IS CHANGING COMPUTER SYSTEMS!
	MISC-034	WIC POLICY & PROCEDURE MANUAL BINDER
	MISC-070	FSMC-VA WIC MICR ALIGNMENT TEMPLATE
	PADINC-002	INCOME GUIDE TEAR PADS
	PP-001	PRECISE PLOTS (AID FOR PLOTTING GROWTH CHARTS)
	WIC-044	WIC PROMOTIONAL INSERT, APRIL 2003
	WIC-044-S	WIC PROMOTIONAL INSERT, APRIL 2003 (SPANISH)
WIC PROGRAM BROCHURES		
	MISC-004	FAIR HEARING BROCHURE 100/PKG
	MISC-005	YOUR GUIDE TO WIC 100/PKG
	MISC-005-S	YOUR GUIDE TO WIC (SPANISH) 100/PKG
	MISC-017	DRUGS & ALCOHOL CAN HURT YOUR UNBORN BABY
	MISC-017-S	DRUGS & ALCOHOL CAN HURT YOUR UNBORN BABY (SPANISH)
	MISC-092	WHAT SHOULD I DO WHEN ELECTRICITY GOES OUT(FOR YOUR HEALTH)
	MISC-094	HOW WIC HELPS
	MISC-102	FITNESS FUN (FOR YOUR HEALTH)
	MISC-114	SMART FOOD CHOICES (FOR YOUR HEALTH)
	MISC-115	TAKE THE 5 A DAY CHALLENGE (FOR YOUR HEALTH)
	MISC-115-S	TAKE THE 5 A DAY CHALLENGE (SPANISH)
	MISC-117	LEAD (FOR YOUR HEALTH) BE A LEAD DETECTIVE
	MISC-118	HEALTHY WEIGHT (FOR YOUR HEALTH)
	MISC-118-S	HEALTHY WEIGHT (SPANISH)
	MISC-119	WATER (FOR YOUR HEALTH)

WIC PROGRAM FORMS		
	305I	WHAT IS YOUR BABY EATING? 100/PKG
	305I-S	WHAT IS YOUR BABY EATING? (SPANISH) 100/PKG
	305WC	WHAT ARE YOU OR YOUR CHILD EATING? 100/PKG
	305WC-S	WHAT ARE YOU OR YOUR CHILD EATING? (SPANISH) 100/PKG
	302 C	YOUR CHILD'S HEALTH HISTORY (6/02 VERSION) 100/PKG
	302 C-S	YOUR CHILD'S HEALTH HISTORY (SPANISH) (01/02)100/PKG
	302 I	YOUR BABY'S HEALTH HISTORY 100/PKG
	302 I-S	YOUR BABY'S HEALTH HISTORY (SPANISH) 100/PKG
	302 P	PREGNANT WOMAN'S HEALTH HISTORY 100/PKG
	302 P-S	PREGNANT WOMAN'S HEALTH HISTORY (SPANISH) 100/PKG
	302 BN	BREASTFEEDING/POSTPARTUM HEALTH HISTORY 100/PKG
	302 BN-S	BREASTFEEDING/POSTPARTUM HEALTH HISTORY (SPANISH) 100/PKG
	310	PARTICIPANT'S RIGHTS & RESPONSIBILITIES (REV. 7/02) 100/PKG
	310-S	PARTICIPANT'S RIGHTS & RESPONSIBILITIES (SPANISH) (REV 7/02) 100/PKG
	314	PROXY FORM 100/PKG
	314-S	PROXY FORM (SPANISH) 50/PKG
	315	LETTER OF INELIGIBILITY 100/PKG
	315-S	LETTER OF INELIGIBILITY (SPANISH) 100/PKG
	337	PUBLICATION ORDER FORM
	383	STANDARD AFFADAVIT 100/PKG
	383-S	STANDARD AFFADAVIT (SPANISH) 100/PKG
	393	DISQUALIFICATION LETTER FOR PROGRAM ABUSE 50/PKG
	393-S	DISQUALIFICATION LETTER (SPANISH)50/PKG
	395	REQUEST FOR SPECIAL FORMULA 100/PKG
	NUTR-001	24 HOUR DIET RECALL FORM 100/PKG
WIC PUBLICATIONS		
	FDLST-003	FOOD LIST & CEREAL PICTORIAL 100/PKG
	FDLST-003-S	FOOD LIST & CEREAL PICTORIAL 100/PKG
	ID-001-NEW	PARTICIPANT ID FOLDER
	ID-001-NEW-S	PARTICIPANT ID FOLDER (SPANISH)
	PART HAND-02	PARTICIPANT HANDBOOK
	PART HAND-02-S	PARTICIPANT HANDBOOK (SPANISH)
	WFBHD-001	25 YEARS OF WIC, STILL BUILDING HEALTHY KIDS
	WP-001	WIC "TELL A FRIEND" FLYER
	WIC-37	HEALTH BITES MARKETING BROCHURE
WIC STAMPS		
	STMP-001	PROXY STAMP

Confirmation of Stop Payment Request WIC – 344

Purpose: Used by the State WIC Office to inform Local Agency staff of the confirmation of stop payment and the authorization to replace checks.

Procedure:

State Agency staff completes all fields **except** field 9. Local Agency staff must **verify** information in fields 1-8 and complete field 9.

1. Local Agency which requested stop payment
2. Local Agency telephone number.
3. Local Agency person requesting stop payment and date requested.
4. Check number(s) for which stop payment requested.
5. "First date to spend" for check(s).
6. Payee's name.
7. Date stop payment confirmed by bank
8. Date check(s) reported as redeemed by the bank. **Do not** replace checks reported as redeemed.
9. Enter date replacement check(s) were issued. **Completed by the Local Agency.**
10. Signature of State WIC Office preparer and date.

Issuance: By the State WIC Office, as needed.

Disposition: File form in participant's record after replacement checks have been issued.

Retention: Five years (Longer if necessary for audit or litigation resolution).

WIC Program Complaint Form WIC – 345

Purpose: To document complaints filed against stores, participants or Local Agencies.

Procedure: Side A

Complete the following information for a complaint against a store:

1. Enter name and address of store.
2. Enter store's WIC number.
3. Enter date and time problem occurred.
4. Enter cashier's name and description.
5. Write an account of what happened.
6. Check appropriate space, indicating who filed complaint.
7. Enter name, address and phone number of person filing complaint.
8. Signature of person filing complaint and date filed.
9. Enter family number of participant filing complaint, if applicable.

Procedure: Side B

Complete the following information for a complaint against a participant or Local Agency:

1. Check this line if complaint is against a participant and enter participant's name, Local Agency and family number.
2. Check this line if complaint is against a Local Agency and enter agency name.
3. Write an account of what happened.
4. Check appropriate space, indicating who filed complaint.
5. Enter name, address and telephone number of person filing complaint.
6. Signature of person filing complaint and date filed.

Issuance: As needed.

Disposition: Mail to the State WIC Office.

Retention: Five years. (Longer if necessary for audit or litigation resolution.)

Store Name: _____

Address:

City/State: _____ Store Number: _____

Date of Problem: _____ Time of Problem : _____ AM/PM

Cashier's Name: _____

Cashier's Description: 3 Male 3 Female Race: _____

What Happened?

Complaint Filed By: _____ Participant _____ Local Agency Staff

Name, Address and Telephone Number of Person Filing Complaint:

The statements I have made are true.

Signature Date

WIC Family Number: _____ Local Agency Number: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age and disability. (Not all prohibited bases apply to all programs)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

Complaint Against Participant _____

Participant's Name: _____

Local Agency Number: _____ Family Number: _____

_____ Complaint Against Local Agency

Local Agency Name: _____

What Happened?

Complaint Filed By: _____ Participant _____ Local Agency Staff _____

Name, Address and Telephone Number of Person Filing Complaint:

The statements I have made are true.

Signature	Date
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In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age and disability. (Not all prohibited bases apply to all programs)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

**Referral to the
Virginia Special Supplemental Nutrition Program
for Women, Infants and Children (WIC)**

The following medical information is needed by the WIC Program. Please complete as much information as you can in order to assist your patient with the WIC Program's application process.

Applicant's Name: _____ DOB: _____

Date of Exam: _____ Length/Height: _____
Weight: _____ Birth Weight (if under 2 yrs. of age): _____ Birth Length (if under 2 yrs. of age): _____
If applicant is 9 months or older: Hgb: _____ or Hct: _____
EDD (if pregnant): _____ or Actual Delivery Date: _____
Please document any nutrition-related medical conditions: _____

Physician's signature: _____ Physician's Phone Number: _____

The Virginia WIC Program provides Nestlé Carnation formulas for infants: Carnation Good Start, Carnation Alsoy, Carnation Follow Up and Carnation Follow Up Soy.

If a special formula is needed, please complete the WIC 395 Form – Request for Special Formula. Contact your local WIC office for a copy of this form or to answer your questions. You may visit our web site to print the WIC 395 Form in your office:
www.vahealth.org/wic/WICform395.pdf

Your appointment or your child's appointment is scheduled for

_____ at _____.

1. You must bring with you:

proof of income, **such as pay stubs, Medicaid card, Food Stamp letter**
proof of identity, **such as your baby's crib card, social security card or your driver's license**
proof of residency, **such as a utility bill or other item with your name and street address**

2. You must bring your child if the appointment is for him or her.

3. If you or your child have been to the doctor within 60 days prior of this scheduled appointment, please have your doctor fill out this form and we will not repeat the measurement of height, weight, or blood work. This will help make your clinic visit easier. Thank you.

Local agency street address, city and telephone number

Purpose: To inform applicants/participants on waiting lists that they may now be enrolled in the Program.

Procedure:

1. Complete as follows:
 - a. Enter date postcard mailed.
 - b. Enter participant/payee's name.
 - c. Enter participant's name. Enter "you" if participant is an adult.
 - d. Enter Local Agency phone number.
 - e. Enter date at least 10 calendar days from the date the card is mailed.
2. Document the date card was mailed on the Waiting List by Priority, WIC-322.

Issuance: As needed

Purpose: To document civil rights complaints filed by applicants, participants or Local Agency staff.

Procedure:

Complete the form as follows:

1. Enter date.
2. Enter name of person filing complaint.
3. Enter address of person filing complaint.
4. Enter telephone number or contact number of person filing complaint.
5. Enter name of person, agency or store against whom the complaint is directed.
6. Enter address of person, agency or store against whom the complaint is directed.
7. Write a description of the alleged discriminatory act.
8. Circle the complaint category (circle all that apply).
9. Enter date of the alleged discriminatory act.
10. Enter date complaint sent to USDA.
11. Enter date complaint sent to State WIC Office.
12. Enter signature and title of Local Agency staff person.

Issuance: As needed.

Disposition: Mail original to USDA and a copy to State WIC Office. File a copy in the participant's record and the Civil Rights Complaint file maintained in the district office.

Retention: Five years. (Longer if necessary for audit or litigation resolution.)

CIVIL RIGHTS COMPLAINT FORM

Date: _____

Complainant's Name: _____

Street Address: _____

City/State/Zip: _____

Telephone Number/Contact Number: _____

Name of person, agency or store against whom complaint is directed:

Address: _____

Description of the alleged discriminatory act:

Category in which complainant feels discrimination exists (circle all that apply)

<input type="checkbox"/> RACE	<input type="checkbox"/> AGE
<input type="checkbox"/> COLOR	<input type="checkbox"/> SEX
<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> DISABILITY

Date of the alleged discriminatory act: _____

Date complaint sent to USDA: _____

Date copy sent to State WIC Office: _____

Local Agency Signature/Title

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age and disability. (Not all prohibited bases apply to all programs)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

Civil Rights Log WIC – 374

Purpose: To log in the receipt of civil rights complaints filed by applicants, participants or Local Agency staff within the district.

Procedure:

Complete the form as follows:

1. Enter health district's name.
2. Enter Local Agency where complaint was filed.
3. Enter name of person filing complaint.
4. Enter basis for complaint (race, color, national origin, age, sex or disability).
5. Enter date complaint received by Local Agency staff.
6. Enter signature and title of district person logging complaint.

Issuance: As needed.

Disposition: Maintain in Civil Rights Complaint File at the district office.

Retention: Five years. (Longer if necessary for audit or litigation resolution.)

Affidavit Form WIC – 383

Purpose: To provide WIC services for those applicants exempt from documentation requirements by federal regulations.

Procedure:

WIC Form-391 (Rev. 07/02)

Complete the form as follows:

1. **Proof of Identity:** Check the box and complete the appropriate information
 - a. Enter the applicant/participant's name in the spaces provided for proof of identity
 - b. Comments: Enter the reason why the individual can not provide proof of ID in the space provided (protected class: emancipated minor, homeless, migrant, WIC Transfer Card holder)
2. **Proof of Residency:** Check the box and complete the appropriate information
 - a. Enter the applicant/participant's name in the spaces provided for proof of residency.
 - b. Comments: Enter the reason why the individual can not provide proof of ID in the space provided. (protected class: emancipated minor, homeless, migrant, WIC Transfer Card holder)
3. **Proof of Income:** Check the box and complete the appropriate information
 - a. Enter the amount of the self-declared income in the space provided.
 - b. Circle the appropriate time period for the income.
 - c. Comments: Enter the reason why the individual can not provide proof of income in the space provided.
4. Applicant/participant/payee must sign and date the form.
5. Local Agency staff must sign and date the form.

Issuance: As needed.

Disposition: File white copy in participant's record. Provide yellow copy to the applicant/participant/payee.

Retention: Five years. (Longer if necessary for audit or litigation resolution.)

Affidavit Form

Identification

3 I swear that I am _____

3 I swear that this child is _____

Comments: _____

Residency

3 I swear that I _____ live in Virginia.

3 I swear that this child _____ lives in Virginia.

Comments: _____

Income

3 I swear that my income is _____ (weekly, monthly, annually)

Comments: _____

Signature of applicant, participant or payee

Date

Signature of Local Agency staff person

Date

USDA prohibits discrimination in the administration of its program.

White copy – Local Agency

Yellow copy – Participant

Purpose: To refer pregnant and breastfeeding women to WIC staff for breastfeeding education and support.

Procedure:

Complete the form as follows:

1. Enter the following information in the top section:
 - a. Baby's name, date of birth and birth weight.
 - b. Mother's name, age and phone number.
 - c. Mother's address, including zip code.
 - d. Check appropriate ethnic category.
 - e. Preferred language and circle if interpreter is needed.
 - f. Hospital where delivery took place and pediatrician's name and phone number.
 - g. Breastfeeding experience/education prior to delivery and birth control method.
 - h. Person making referral.
2. The remainder of the form is completed by the breastfeeding support staff.
 - a. For unsuccessful contacts, enter date, time called and note relevant information.
 - b. For successful contacts, complete the following information:
 - Date and type of code made.
 - Baby's age.
 - Baby's weight/height.
 - Number of void diapers and stools in 24 hours.
 - Place a check mark (✓) in areas you gave education.
 - Put a P in areas that mom is having problems.
 - Put a R beside problems that are resolved.
 - Date of next appointment and your initials.
 - Weeks infant weaned, reason and date case closed, if applicable
 - Progress notes, if needed.

Issuance: As needed.

Disposition: File in infant/child's record.

Retention: Five years. (Longer if necessary for audit or litigation resolution.)

WIC Policy & Procedures Manual
WIC Breastfeeding Contact Form

Baby's name: _____ DOB: _____ Birth Wt.: _____
 Mother's name: _____ Age: _____ Phone: _____
 Address: _____ ZIP: _____
 Ethnic: Caucasian ____ African American ____ Hispanic ____ Asian ____ Other ____
 Preferred language: _____ Interpreter needed? Yes No
 Hospital: _____ Pediatrician's name & number: _____
 BF Experience/Education: _____ Birth Control Method: _____
 Referred by: _____

Unsuccessful Contacts

Date					
Time					
Note					

Successful Contacts

Date/Code					
Baby's Age					
Weight/Height					
# Voids/day					
# Stools/day					
Frequency feeds					
Lengths of feeds					
Cluster feeds					
Diet					
Vitamin					
Adequacy					
Express/Storage					
Position/Latch					
Soreness					
Engorgement					
Plugged ducts					
Mastitis					
Illness/Meds					
Sleepy Baby					
Embarrassment					
Support					
Supplementation					
School/Work					
Pump					
Weaning					
Referrals					
Next Appt.					
High Risk					
Other					
Initial					

Codes: (C) Clinic (T) Phone (✓) indicates education (P) indicates problem
 (R) indicates problem is resolved

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(1) Not enough milk	(6) Sore Breasts	(11) Family said stop	(16) Substance abuse
(2) Not enough time	(7) Latch on problem	(12) Baby weaned self	(17) Met goal
(3) Embarrassment	(8) Illness	(13) Plugged ducts	(18) Other (specify)
(4) No Support	(9) Teething	(14) Mastitis	_____
(5) Diet	(10) Dr. said stop	(15) New pregnancy	_____

WIC Program – Instructions

To ensure your special formula orders are promptly and accurately filled all sections need to be completed. If you have any questions on how to fill out this form, please contact Mike Thayer at the State Office. A written request form must be electronically sent via email attachment or as an email note or via facsimile transmission. Please do not call in Special/exempt formula requests, since this does not allow us to effectively and efficiently place orders for special/exempt formulas.

<u>Section</u>	Instructions and example
Date Requested:	The date the Special Formula request was submitted to the State Agency, e.g., 12/13/2000.
Contact Name & Title:	The name of the person submitting the special formula request, e.g., Ann Smith, Nutrition Assistant.
Site Code & Site Name:	The Site # and Site (location) requesting the special formula, e.g., 129A Herndon/Reston Office.
Requestor's E-Mail Address:	The complete e-mail address of the requestor, e.g., Asmith@vdh.state.va.us . If the requestor does not have an email address then your facsimile number should be given.
Requestor's Telephone #:	The telephone number where the requestor can be reached, if additional follow up is needed, e.g., (703) 555-1223.
Participant's Name:	The participants complete name, e.g., Mike L. Taylor.
WIC ID Number:	The participants ID number, including suffix, e.g., 230330-02.
Birth Date:	The participants date of birth, e.g., 09/22/2000.
Formula Manufacturer:	The formula manufacturer's name, e.g., Ross.
Product Name/Number:	The name and number of the infant formula to be ordered, e.g., Similac Neosure 4 oz. RTF Product # 51848.
Product Quantity (per case):	The packaging and quantity for the special formula being ordered, e.g., 8 cases.
Special Instructions (if applicable):	This section does not have to be completed if it does not apply to your special formula request (optional).

State Ordered Formula Request Form

Virginia Department of Health
WIC Program Attn: Exempt Formula Request
E-mail: wic-formula@vdh.state.va.us
Fax: (804) 692-0223 (primary)
(804) 371-6162 (backup)

Date Requested:	12/13/2000
Contact Name & Title:	Ann Smith, Nutritionist Assistant
Site Code & Site Name:	129A Herndon/Reston Office
Requestor's E-Mail Address:	Asmith@vdh.state.va.us
Requestor's Telephone #:	(703) 555-1223
Participant's Name:	Mike L. Taylor
WIC ID Number:	230330-02
Birth Date:	09/22/2000
Formula Manufacturer:	Ross
Product Name/Number:	Similac Neosure 4 oz. RTF Product # 51848
Product Quantity (per case):	8 cases
Special Instructions (if applicable):	Not Applicable = N/A

*** **SAMPLE PURPOSE ONLY** ***

State Ordered Formula Request Form

Virginia Department of Health
WIC Program Attn: Exempt Formula Request
E-mail: wic-formula@vdh.state.va.us
Fax: (804) 692-0223 (primary)
(804) 371-6162 (backup)

Date Requested:	
Contact Name & Title:	
Site Code & Site Name:	
Requestor's E-Mail Address:	
Requestor's Telephone #:	
Participant's Name:	
WIC ID Number:	
Birth Date:	
Formula Manufacturer:	
Product Name/Number:	
Product Quantity (per case):	
Special Instructions (if applicable):	

Electric Breast Pump Inventory Sheet

WIC – 391

Purpose: Use to keep accurate inventory on the district's electric breast pumps.

Procedure:

Complete the form as follows:

1. Enter participant's name.
2. Enter participant's home address.
3. Enter participant's home phone number.
4. Enter participant's family number.
5. Enter date pump was given to participant and sign your name under the date.
6. Enter date pump returned to Local Agency and sign your name under the date.
7. Enter serial number (on the electric breast pump casing.)

Issuance: As needed.

Disposition: File in district office.

Retention: Five years. (Longer if necessary for audit or litigation.)

**Virginia WIC Program
Electric Breast Bump Inventory Sheet**

WIC Participant Name	Home Address	Home Phone Number	WIC Family Number	Date Out/By	Date In/By	Pun N

Disqualification Letter for Program Abuse

WIC – 393

Purpose: Use to inform a participant/payee that his/her WIC benefits will be terminated during a certification period for Program abuse.

Procedure:

Complete the form as follows:

1. Enter date the form is completed.
2. Enter participant/payee's name.

3. Enter name of participant being disqualified.
4. Describe the Program abuse indicating the date, place and other relevant information.
5. Enter date disqualification begins and ends.
6. Enter Local Agency signature and title.
7. Enter Local Agency name, address and telephone number.
8. Check this box if hand delivered and enter date delivered.

Issuance: At least 15 days before WIC benefits cease.

Disposition: Hand deliver or mail by certified mail to participant or payee. File copy in participant's record.

Retention: Five years. (Longer if necessary for audit or litigation resolution.)

Disqualification Letter for Program Abuse

Date: _____

Dear _____,
(Participant/Payee's Name)

_____ is being disqualified from the Virginia WIC Program for:

The disqualification begins on _____ and ends on _____. You may receive or reapply for WIC benefits after your disqualification ends.

If you do not agree with this decision, you may ask for a fair hearing. To get a hearing, you must contact your Local Agency. You have 60 days from the date on this letter to ask for a hearing. ***If you ask for a hearing within 15 days*** of this date, you will receive WIC benefits until the hearing decision is made or the certification period ends, whichever is first. A copy of the WIC rules for a fair hearing is enclosed.

Local Agency Signature/Title

Local Agency name, address and telephone number: _____

☐ Check this box if notice is hand delivered. Date delivered: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age and disability. (Not all prohibited bases apply to all programs)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

White Copy – Participant

Yellow Copy – Local Agency

Damaged/Breakage or Outdated Report for Special Formula WIC-394

Purpose: To report Damaged/Breakage or Outdated special formula. This form must be submitted with the Special Formula Replacement Form WIC-397.

Procedure:

Complete the form as follows:

1. **Local Agency/Clinic Name:** Enter the local agency clinic name from the original special formula order request.
2. **Contact Person:** Enter the name of the clinic contact person who will be able to answer questions concerning the order.
- 3.
4. **Address:** Enter the address of local agency from the original special formula order.
5. **Clinic Site Code (3 digit):** Enter the state assigned local agency clinic (4 digit) WIC Net number.
6. **Participant Name, Participant ID:** Enter the participant name and ID as listed on the original special formula order request.
7. Check box if received damaged/broken or Outdated.
8. **Product:** Enter name of special formula
9. **Type:** check box for type of product.
10. **Size:** Enter the container size of special formula received.
11. **Quantity:** Enter the total quantity damaged/broken or outdated.

Damage/Breakage/Outdated Report for Special Formula

Date:

To: CAP of Lancaster County
Special Formula Distribution Center
630 Rockland Street
Lancaster, PA 17608

From:

Clinic Name:	
Contact Name:	
Address:	
City	
State	
Zip	
Clinic Site Code:	

The following special formula for:

Participant Name	Participant ID:

☐ Received damaged/broken

☐ Outdated

Product:

Type: ☐ **CONC** ☐ **RTF** ☐ **PWDR**

Size:

Quantity:

This product has been destroyed/discarded.

A request for replacement formula:

☐ has been submitted

☐ will not be submitted

VIRGINIA WIC PROGRAM
REQUEST FOR SPECIAL FORMULA

WIC – 395

Dear Health Care Professional:

The Virginia WIC Program provides Nestlé Carnation Good Start® or Alsoy® formula for healthy infants from birth through twelve months of age whose mothers choose not to breastfeed or who partially breastfeed. A contract with the Nestlé Carnation Company for these formulas provides a special price that will help the WIC Program serve more infants and children in Virginia.

Medical conditions may require the use of a special formula for infants, children and women. A list of approved products is included in WIC Program policy. If you need a copy of the approved products, contact the State WIC Office at (804) 786-5420. If an infant, child, or a pregnant, breastfeeding or postpartum woman in your care requires a special formula, complete the form on the reverse side of this letter. The request for a special formula must be renewed each WIC certification period. If the special formula is changed, a new request for special formula must be provided.

Thank you for your cooperation and interest in good nutrition. Please call your local WIC clinic, if you would like further information on requesting special formulas.

REQUEST FOR SPECIAL FORMULA

Participant's name: _____ Birth Date: _____

Formula requested: _____

Amount of formula required per day: _____

Length of time formula/medical food is to be used: _____

Medical Reason(s): Circle all that apply

- metabolic disorders
- inborn errors of amino acid metabolism
- gastrointestinal disorders
- malabsorption syndrome
- allergies
- nutritional/medical disorders

A request for a special formula must be renewed each WIC certification period. If the special formula is changed during the certification period, a new request for special formula must be provided. Contact the State WIC office for a list of approved products at (804) 786-5420.

Health Care Professional's Name (print or stamp): _____

Health Care Professional's Signature: _____

Address: _____

Telephone: _____ Fax: _____ Date: _____

WIC Staff (CPA) Signature _____ Date: _____

The WIC-395 must be signed by a licensed health care professional authorized to write medical prescriptions under State law.

Special Formula Shipping Request Form WIC – 396

Purpose: To allow local clinics to order special formula from the CAP Distribution Center.

Procedure: Complete the form as follows:

1. **Order Date:** Enter the date the order is sent to the Distribution Center.
2. **Clinic Site Code (3 digit):** Enter the state assigned local agency clinic (4 digit) WIC Net number.
3. **Local Agency/Clinic Name:** Enter the local agency clinic name ordering the special formula.
4. **Participant Name, Participant ID:** Enter the participant name and ID as listed on the WIC Check.
5. **Contact Person:** Enter the name of the clinic contact person who will be able to answer questions concerning the order.
6. **Phone Number:** Enter the clinic telephone number (including area code). This information is required in case a problem should arise.
7. **Shipping Name/Address:** Enter the name of participant or local agency name Complete only by hand writing, do not use address stamps.
8. **Delivery To:** Place an “X” in the appropriate field for the shipping location.
9. **Product Name:** Enter the product name as listed on the WIC Check (WIC check). Product name should include preferred flavor if the product comes in multiple flavors.
10. **Product Type:** Enter Ready-to-feed, concentrate, powder, etc....
11. **Quantity:** Specify the number of cans/bottles to be ordered. This amount must match the monthly quantity for the individual food prescription listed on the food instrument (WIC check).
12. **Container Size:** Enter the appropriate container size for the prescribed food package.
13. **Flavor Packet Type:** For products “Vivonex Ped and Peptamen Jr.”, this field must be completed in order for the desired flavor packet to be provided.
14. **Pudding Flavor:** For Ensure and other pudding orders, the flavor must be indicated.
15. **Food Instrument Number:** Enter the FI number for the food instrument (WIC check) that will be sent to the distribution center for the order.

First Date to Spend: Enter the first date to spend as listed on the FI (WIC check) for the order.

Special Formula Shipping Request Form
Virginia WIC Program

State Office Non-Stock Authorization

Date: _____

Name: _____

Order Date:

Participant and Local Agency Information

Clinic Site Code (4 digit):

Local Agency/Clinic Name:

Participant Name:

Participant ID:

Contact Person:

Phone Number:

Name:

Address:

City:

State:

Zip:

Delivery to: ☐ Local Agency ☐ Participant Home

Product Name:	Conc., RTF, Pwd. Pudding	Quantity Cans / Bottles	Container Size	Flavor Packet Type	Pudding Flavor
Food Instrument Number :			First Date to Spend		

For Ware House Use Only

Order Entered:

Order Shipped:

Order Reconciled:

District Breastfeeding Coordinator's Quarterly Activity Report WIC – 398

Purpose: To report peer counselor program information, breast pump inventory, inservices offered, professional improvement through training, community involvement and accomplishments of the breastfeeding program to the State Breastfeeding Coordinator.

Procedure: Side 1

Complete the form as follows:

1. Enter breastfeeding coordinator's name.
2. Enter your health district's name.
3. Enter either 1st, 2nd, 3rd, 4th quarter and year as appropriate.
4. Enter breastfeeding goal for the current fiscal year.

Peer Counselor Information:

1. Enter the total number of district peer counselors (paid and volunteer).
2. Enter the number of peer counselors who have quit this quarter.
3. Enter the number of peer counselors who have been added this quarter.
4. Enter the number of peer counselors who are paid and/or volunteer and the number of hours they work a week.
5. Enter the average peer counselor caseload and then separate into number of breastfeeding and pregnant women.
6. Enter the number of clinic sites in district.
7. Enter the number of clinic sites in district with peer counselors
8. State the reason if there is no peer counselor program in your district.

Peer Counselor Training:

1. Enter the month peer counselor training began.
2. Enter the month peer counselor training ended.
3. Enter the number of peer counselors who graduated or passed the exam.
4. Enter the number of peer counselors who will be paid and/or volunteers from this training.

Automatic Electric Breast Pumps Information:

1. Enter the number of automatic electric breast pumps in district.
2. Enter the number of automatic electric breast pumps on loan, on hand and lost in district.
3. Comment on discrepancies/problems with the automatic electric breast pumps.

Small Electric Breast Pumps Information:

1. Enter the number of small electric breast pumps in district.
2. Enter the number of small electric breast pumps on loan, on hand and lost in district.
3. Comment on discrepancies/problems with the small electric breast pumps.

Inservice Trainings:

1. Enter date(s) of inservice trainings you have conducted.
2. Enter the target group(s) for which inservice training was focused.
3. Enter the topic and total attendance for inservice.

Conference/Seminar/Workshop/Courses Attended

1. Enter date, title, and any comments about the conference.

Community Involvement/Local Breastfeeding Task Force

1. Enter date, type of activity and any comments about community involvement/local task forces.

Accomplishments:

1. List any accomplishment you have completed this quarter.

District Breastfeeding Coordinator's Quarterly Activity Report WIC – 398

Name: _____

District: _____

Quarter and Year: _____

Quarterly Reports Due:

1st – October 15

2nd – January 15

3rd – April 15

Annual Report Due:

4th – July 15

Breastfeeding Goal for the Year: _____

PEER COUNSELOR

INFORMATION	TRAINING
Number of District Peer Counselors:	Month Started:
Number Quit this Quarter:	Month Ended:
Number Added this Quarter:	Number Graduated:
Number Peer Counselors Paid: Hrs./wk: Volunteer: Hrs./wk:	Number Working Paid: Volunteer:
Average Peer Counselor Caseload: (Breastfeeders = Pregnant =)	
Number of Clinic Sites:	
Number of Clinic Sites with Peer Counselors:	
If no peer counselors, state reason:	

AUTOMATIC ELECTRIC BREAST PUMPS

Number of Pumps in District:	On Loan:	On Hand:	Lost:
Comments:			

SMALL ELECTRIC BREAST PUMPS

Number of Pumps in District:	On Loan:	On Hand:	Lost:
Comments:			

INSERVICE TRAININGS

<u>DATE</u>	<u>TARGER GROUP</u>	<u>TOPIC/ATTENDANCE</u>

CONFERENCE/SEMINARS/WORKSHOP/COURSES ATTENDED

<u>DATE</u>	<u>TARGER GROUP</u>	<u>TOPIC/ATTENDANCE</u>

COMMUNITY INVOLVEMENT/LOCAL BREASTFEEDING TASK FORCE

<u>DATE</u>	<u>TARGER GROUP</u>	<u>TOPIC/ATTENDANCE</u>

ACCOMPLISHMENTS:

Small Electric Breast Pump Loan Agreement

WIC – 399

Purpose: Use as a legal, binding agreement for the mother to return the small electric breast pump to the district breastfeeding coordinator after use.

Procedure:

Complete the form as follows:

1. Enter the following information:
 - a. Participant's name.
 - b. Participant's address.
 - c. Participant's home and work phone number.
 - d. Participant's social security number and WIC I.D. family number.
 - e. Baby's name and birthday.
 - f. Emergency contact's address.
 - g. Back-up Contact's name phone number and address.
 - h. Health District that loaned the pump.
2. Read to or have the participant read items 1 – 10 on the loan agreement. Enter the contact person's name and phone number on #10.
3. Complete the following information:
 - a. Date the pump is to be returned to the health department and the contact person's name and phone number if participant wants to renew the contract.
 - b. Participant enters her signature.

- c. Person loaning the pump dates and initials on signature line.
- d. Reason for issuance to determine priority if there are other requests for pump.
- e. Electric Breast Pump Serial Number.
- f. Staff signs their name and date when pump is returned.

Issuance: As needed.

Disposition: Give original to participant. File copy in participant's record.

Retention: 5 years.

Virginia WIC Program Small Electric Loan Agreement

Name: _____
Address: _____
Home Phone #: _____ Work Phone #: _____
Social Security #: _____ WIC I.D. Family #: _____

Baby's Name: _____ **Baby's Birthday:** _____

Back Up Contact:

1. Name: _____ Phone #: _____
Address: _____
2. Name: _____ Phone #: _____
Address: _____

I have received an Electric Breast Pump from _____ Health Department.

1. I have been shown how to use the electric breast pump and can use it by myself.
2. I agree to protect and care for the breast pump and keep it clean.
3. I agree the electric breast pump is for my use only.
4. I assume full responsibility for any harm caused by use of this breast pump and will hold the WIC program, the Virginia Health Department, and its employees harmless for any accident or injury resulting from my use of the breast pump.
5. I am responsible for any damages to the pump caused by misuse, abuse, or lack of maintenance of the pump during the period of the pump loan to me.
6. I will clean this electric breast pump and return it in good operating condition or be subject to financial penalty. The retail cost of this pump is \$120.
7. I will keep the WIC office informed of any changes to my address or phone number.
8. I will return the pump at my next nutrition education contact or ask for an extension.
9. I will return the pump when I no longer need it or upon the request of the WIC office. The WIC office may issue only 1 month of food checks at a time until I return the pump.
10. I can call _____ at _____ with any questions.

I must return the small electric Breast pump to the above Health Department by _____ (date) or I will contact _____ at _____ to renew the loan agreement.

(Name)

(Phone Number)

Signature: _____	Date: _____	Loaned by: _____	Return date: _____	Letter sent: _____
Renewal Signature: _____	Date: _____	Loaned by: _____	Return date: _____	Letter sent: _____
Renewal Signature: _____	Date: _____	Loaned by: _____	Return date: _____	Letter sent: _____
Renewal Signature: _____	Date: _____	Loaned by: _____	Return date: _____	Letter sent: _____
Renewal Signature: _____	Date: _____	Loaned by: _____	Return date: _____	Letter sent: _____

For Office Use Only

Reason for Issuance: _____

Electric Breast Pump Serial Number: _____

Pump Received by: _____ Return Date: _____

Progress Notes:

[illegible]

Automatic Electric Breast Pump Loan Agreement

WIC – 399A

Purpose: Use this form as a legal binding agreement for the mother to return the automatic electric breast pump to the district breastfeeding coordinator after use.

Procedure:

Complete the form as follows:

1. Enter the following information
 - a. Participant's name.
 - b. Participant's address.
 - c. Participant's home and work phone number.
 - d. Participant's social security number and WIC I.D. family number.
 - e. Baby's name and birthday.
 - f. Back-up Contacts' name, phone number and address.
 - g. Health district that loaned pump.
2. Read to or have participant read items 1 – 10 on the loan agreement. Enter the contact person's name and phone number on #10.
3. Complete the following information:
 - a. Date the pump is to be returned to the health department and the contact person's name and phone number if participant wants to renew the contract.
 - b. Participant enters her signature.
 - c. Person loaning the pump dates and initials on signature line.

- d. Reason for issuance to determine priority if there are other requests for pump.
- e. Property of Virginia State Health Department I.D. # found on pump case.
- f. Electric Breast Pump Serial Number found on the pump housing.
- g. Staff signs their name and date when pump is returned.

Issuance: As needed.

Disposition: Give original to participant. File copy in participant's record.

Retention: 5 years.

Virginia WIC Program Automatic Electric Breast Pump Loan Agreement

Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Social Security #: _____ WIC I.D. Family #: _____

Baby's Name: _____ **Baby's Birthday:** _____

Back Up Contact:

1. Name: _____ Phone #: _____

Address: _____

2. Name: _____ Phone #: _____

Address: _____

I have received an Electric Breast Pump from _____ Health Department.

11. I have been shown how to use the electric breast pump and can use it by myself.

12. I agree to protect and care for the breast pump and keep it clean.

13. I agree the electric breast pump is for my use only.

14. I assume full responsibility for any harm caused by use of this breast pump and will hold the WIC program, the Virginia Health Department, and its employees harmless for any accident or injury resulting from my use of the breast pump.

15. I am responsible for any damages to the pump caused by misuse, abuse, or lack of maintenance of the pump during the period of the pump loan to me.

16. I will clean this electric breast pump and return it in good operating condition or be subject to financial penalty.
The retail cost of this pump is \$700.

17. I will keep the WIC office informed of any changes to my address or phone number.

18. I will return the pump when I no longer need it or upon the request of the WIC office. The WIC office may issue only 1 month of food checks at a time until I return the pump.

19. Failure to return the Electric Breast Pump may constitute larceny that is reportable to the State Police.

20. I can call _____ at _____ with any questions.

I must return the small electric Breast pump to the above Health Department by _____ (date) or I will contact
_____ at _____ to renew the loan agreement.
(Name) (Phone Number)

Signature: _____ Date: _____ Loaned by: _____ Return date: _____ Letter sent: _____

For Office Use Only

Property of Virginia I.D. #: _____

Pump Received by: _____ Return Date: _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

Separation of Duty Exceptions Log

District:

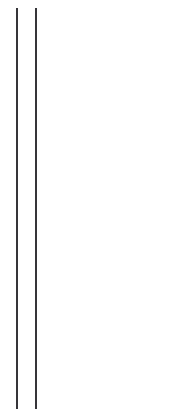
Site Location:

Supervisor:

Date of Exception	Time	Client's Name	Client's ID Number	Employee's Name	Reason for Exception	Initials and Date of Review

Signature of District Director:

Date: _____





POLICY REVIEW REQUEST FORM

1. Name: _____		2. District Number: _____	
3. District Name: _____		_____ Central Office	
4. Location (site): _____			
5. District WIC Coordinator : _____			
6. Phone: _____	Fax: _____	E-mail: _____	
7. Check the boxes that apply to this policy:			
Revision Policy/CFR reference #: _____			
New Policy		Other	

8. Briefly explain the reasons a new policy or policy change is needed, and attach any supporting documentation.

Print Name

Date

For Office Use Only

☐ Operations ☐ Nutrition ☐ Technology ☐ Vendor

Priority:

☐ Urgent ☐ 7-10 days ☐ 30 days

Nutrition Education Class Postcard MISC – 002

Purpose: To invite participant/payees to attend nutrition education classes.

Procedure:

Complete as follows:

1. Enter class topic.
2. Enter class date and time.
3. Enter Local Agency telephone number.

Issuance: As needed.

Nutrition Education/ Reminder Postcard MISC – 003

Purpose: To remind participant/payees to attend nutrition education and pick-up their WIC checks.

Procedure:

Complete as follows:

4. Enter Local Agency telephone number.

Issuance: As needed. ***Use of this card is optional, but highly recommended for Local Agencies.***

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